



CERTIFICATE of OCCUPANCY 110
Permit Application

Phone: 281- 291- 5669 Fax: 281- 291- 8364
1100 Red Bluff Rd, TX 77586 E-Mail: Permits@seabrooktx.gov

Date: _____

Business Address and Occupant Information

Location Address: _____ Suite: _____ Seabrook, Texas Zip: _____

Name of Occupant or Business: _____

Type of Business: _____

Square footage of Building Or Lease Space: _____ Number of Parking Spaces: _____

Number of Occupants: _____ Fire Extinguishers: Number: _____ Type: _____ Exit Lights: Y / N

Fire Alarm: Y / N Fire Sprinkler: Y / N Hazardous Materials: Y / N If Yes fill out inventory on Page 2.

Manager (if applicable): _____ (Location) Phone: _____

Emergency Contact: _____ (Cell) Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____

Property Owner/Leasing Agency Information (If Applicable)

Lease Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Applicant / Business Owner

Name: _____ Title: _____

Signature: _____ Date: _____

Phone: _____ E-Mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Permit Fee: \$75.00
Fees Revised Per Ordinance 2022-14

