

Certificate of Occupancy

Project Name: _____ Date: _____
Location: _____ BP# _____ Project#: _____
Contractor: _____ Contact Info: _____
Project Representative: _____
Scope/ Description: _____

YES NO N/A

ITEMS BELOW TO BE FILLED OUT BY IPR

Has all re-worked and/or added plumbing been tested, inspected and approved?
Has all re-worked and/or added ductwork been tested, inspected and approved?
Has all re-worked and/or added HVAC equipment been tested, inspected and approved?
Has all re-worked and/or added refrigerant lines been tested, inspected and approved?
Has all re-worked and/or added electrical been tested, inspected and approved?
Are fire rated assemblies fire-stopped and labeled with rating?
Barrier free accessibility? Attach RAS report if required.
Record of inspection/approval by COSA Metropolitan Heath Department attached?
Backflow assemblies certified/approved? Copy of TCEQ 20700 T&M Form attached?
Exit signage, lighting, panic hardware where required.

Signature: _____ Date: _____

Director of Inspections and Plan Review
ipr@utsa.edu

Notes:

YES NO N/A

ITEMS BELOW TO BE FILLED OUT BY OREM

Has fire alarm system been tested, inspected, and approved?
Has commercial kitchen hood been permitted, tested, inspected, and approved?
Life Safety Assessment (UTS135). Project has been assessed per NPPA 1 & 101, meets requirements.

Signature: _____ Date: _____

Fire Marshal
Fire@utsa.edu

Notes:

Inspections and Plan Review

ipr@utsa.edu