



CERTIFICATE OF OCCUPANCY APPLICATION

2744 VIVIAN ROAD, MONROE, MI 48162
PHONE: 734.242.5900

****Also Include a Written Letter with Detailed description of use, floor plan and site plan. ****

Parcel ID# _____ Certificate requested: Temp or Full Date: _____

Location/address for which Certificate of Occupancy is requested: _____

Name of Business and Brief Description of Subject to Occupy Building:

Business Owner/Applicant Name: _____

Address _____

Phone _____ Email _____

Applicant's Relationship to Property Owner (i.e. Lessee, Tenant, etc.): _____

Indicate whether Applicant is an Individual, LLC, Corp. and if Applicant is an entity indicate state where incorporated or organized

Property Owner's Name: _____

Address: _____

Telephone Number: _____ Email _____

Permit Number Associated with C of O (if any): _____

Current Zoning: _____

Building Use: _____

Construction Type: _____

Occupancy Load: _____

Square Footage: _____

Sprinkled: Yes or No _____

Use Classification:

- | | | |
|---|---|---|
| <input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.) | <input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION) | <input type="checkbox"/> (M) MERCANTILE |
| <input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.) | <input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION) | <input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS) |
| <input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.) | <input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION) | <input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY) |
| <input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.) | <input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD) | <input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE) |
| <input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.) | <input type="checkbox"/> (H-5) HIGH HAZARD (HPM) | <input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING) |
| <input type="checkbox"/> (B) BUSINESS | <input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED) | <input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD) |
| <input type="checkbox"/> (E) EDUCATION | <input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.) | <input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD) |
| <input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD) | <input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.) | <input type="checkbox"/> (U) UTILITY (MISCELLANEOUS) |
| <input type="checkbox"/> (F-2) FACTORY (LOW HAZARD) | <input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.) | |

Indicate whether Owner or Applicant is indebted to Township for any fees, charges, taxes or other indebtedness or whether there are outstanding sums owing as to Property? _____

If yes please explain: _____

I hereby state and affirm that the information above is true and correct.

Owner's Signature: _____

Print Name and Title: _____

Applicant's Signature: _____

Print Name and Title: _____

Fee of \$50 due at time of submission, payable by **cash or check made out to Frenchtown Township.**

Building Inspector _____ Date _____

Electrical Inspector _____ Date _____

Mechanical Inspector _____ Date _____

Plumbing Inspector _____ Date _____

Fire Inspector _____ Date _____

Building Official _____ Date _____