



City of Ann Arbor

PLANNING & DEVELOPMENT SERVICES — CONSTRUCTION SERVICES

Mailing: 100 North Fifth Avenue | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647

Location: 2000 South Industrial Highway | Ann Arbor, Michigan 48104-6120

p. 734.794.6263 | f. 734.994.8460 | building@a2gov.org

TEMPORARY CERTIFICATE OF OCCUPANCY REQUEST

In accordance with the current Michigan Building Code (MBC) and/or the current Michigan Residential Code (MRC), I am requesting that a Temporary Certificate of Occupancy (TC of O) be issued for the building and (if applicable) suite listed below. I am making this request with the understanding that all noted corrections must be completed and inspected on or prior to the expiration date of the TC of O. Failure to fulfill this requirement may result in the immediate suspension of the TC of O and the possible vacation of the building and/or the issuance of citations by the City of Ann Arbor or other authorized agency.

Address: _____

Suite # (if applicable): _____

Building Permit #: _____

Contractor Name: _____

Contractor Telephone #: _____

How many days are requested? _____

Reason for the Request: _____

Work to be completed in association with the Temporary Certificate of Occupancy: _____

I submit this request for a Temporary Certificate of Occupancy on this date. The City of Ann Arbor Planning & Development Services Unit will provide a response within two (2) business days of my request.

Signature of Petitioner: _____ Date of Request: _____

Name of Petitioner (please print): _____

OFFICIAL USE ONLY		
Approved by: _____	Date: _____	EXPIRES ON: _____
Special Conditions or Requirements: _____		

PLEASE NOTE: The Temporary Certificate of Occupancy Request fee **must** be paid at the time of submission. Please provide payment information to process the application using the payment cover sheet. *Any application received without payment information included cannot be processed.*



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PAYMENT COVER SHEET

NAME: _____

COMPANY/PROPERTY NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____