



Temporary Certificate of Occupancy Request

City of Ann Arbor
Planning & Development Services
100 N. Fifth Avenue, P.O. Box 8647
Ann Arbor, MI 48107
Phone: (734) 994-2674 Fax: (734) 994-8460

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. ◀