



CERTIFICATE OF OCCUPANCY

Temp Final

CONSTRUCTION AND BUILDING

City Hall: 301 E. Huron St. Ann Arbor, MI 48107-6120

Mailing: P.O. Box 8647, Ann Arbor, MI 48107-8647

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www.building@a2gov.org

OFFICE USE ONLY	
Permit Number	Initial CofO# _____
DATE STAMP	

APPLICATION MUST BE FILLED OUT COMPLETELY

RESIDENTIAL

(MINIMUM FIVE (5) WORKING DAYS FROM DATE STAMP)

COMMERCIAL

(MINIMUM TEN (10) WORKING DAYS FROM DATE STAMP)

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 (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 issuance of citations by the City of Ann Arbor or other authorized agency.

BUILDING ADDRESS:		SUITE # (IF APPLICABLE)
CONTRACTOR NAME		CONTRACTOR CONTACT #:
EMAIL ADDRESS OF CONTRACTOR:		BUILDING PERMIT: BLDG # _____
WORK TO BE COMPLETED FOR CONSIDERATION OF A <u>TEMPORARY CERTIFICATE OF OCCUPANCY</u> :		<input type="checkbox"/> \$30 FEE for Temporary C of O must be paid with submission of application

APPLICANTS MUST INCLUDE PERMIT NUMBERS - REQUIRED FOR PROCESSING A TEMPORARY CERTIFICATE OF OCCUPANCY

Grading permits must be completed and finalized before a Final C of O is issued.

ALL FINAL INSPECTIONS SHOULD BE COMPLETED BEFORE SUBMITTING THE C of O FORM

PERMIT TYPE	TEMPORARY CofO# _____				FINAL CofO# _____	
	PERMIT NUMBER	APPROVAL			Date Completed	DATE COMPLETED
FIRE SUPPRESSION	MESA#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
FIRE ALARM	MESA#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
SUPPRESSION	MESA#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
ZONING/HDC		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
GRADING	SOIL#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
FLOODPLAIN	APPROVED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
SITE COMPLIANCE	SCP#	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
PROJECT MGMT	APPROVED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		



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CERTIFICATE OF OCCUPANCY

PERMIT TYPE	TEMPORARY CofO# _____					FINAL CofO# _____		
	PERMIT NUMBER	APPROVAL			COMMENTS / STIPULATIONS	Date Completed	DATE COMPLETED	
BUILDING	BLDG#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A				
	HEALTH DEPT.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	<input type="checkbox"/> POOL <input type="checkbox"/> RESTAURANT			
	SIGN#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A				
	ELECTRICAL	ELEC#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		ELEC#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		ELEC#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		ELEC#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		ELEC#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
	MECHANICAL	MECH#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		MECH#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		MECH#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		MECH#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		MECH#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
	PLUMBING	PLUM#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		PLUM#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		PLUM#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		PLUM#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			
		PLUM#:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A			

PLEASE NOTE: Please provide payment information using the payment cover sheet attached. Applications received without a payment included cannot be processed. HEALTH DEPARTMENT APPROVAL MAY BE REQUIRED FOR ISSUANCE OF C of O.

INSPECTIONS THAT ARE LISTED AS A "PASS" DOES NOT CONSTITUTE A "FINAL" STATUS AND THEREFORE MAY DELAY THE ISSUANCE OF A FINAL C of O.

SIGNATURE OF PETITIONER: SIGN HERE	NAME OF PETITIONER: PRINT NAME	EMAIL OF PETITIONER:	DATE OF REQUEST:
SIGNATURE OF BUILDING OFFICIAL:	CIRCLE ONE: APPROVED DENIED	APPROVAL DATE TEMP:	APPROVAL DATE FINAL: INITIALS