



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

Phone: 734.794.6263 ext. 0 Fax: 734.994.8460

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 <u>must</u> 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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| 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 REVIEWER: | CIRCLE ONE: APPROVED DENIED | APPROVAL DATE TEMP: | APPROVAL DATE FINAL: INITIALS |