

## CERTIFICATE OF OCCUPANCY APPLICATION

## THIS DOES NOT CONSTITUTE A PERMIT TO BUILD, CONSTRUCT OR OPEN

## PHONE (734) 384-9186 FAX NUMBER (734) 384-9108

<u>\*BUSINESS FLOOR PLAN/LAY OUT REQUIRED</u>\*: Show merchandise racks, counters, seating arrangements, aisles, restrooms, exits, offices, storage, etc. Final inspection required prior to occupancy of business. Food establishment will also require Health Department approval before occupancy.

## PLEASE PRINT

BUISNESS ADDRESS:				
STREET		CITY	STATE	ZIP CODE
BUSINESS NAME:		PHONE:		
BUSINESS USE:				
		Maximum Number of Patrons:		
BUSINESS OWNER/OCCUPANT INFORMAT	ION			
NAME:	HOME PHONE:		_ CELL:	
HOME ADDRESS:				
STREET PROPERTY/BUILDING OWNER INFORMATIC		CITY	STATE	ZIP CODE
NAME:	HOME PHONE:		_CELL:	
HOME ADDRESS:				
STREET			-	ZIP CODE
I certify that I am aware that this does not constit am aware that all required approvals must be ob				
Occupancy can be issued and that <i>I shall not c</i>				
Permit/Certificate of Occupancy has been issue				
days to: obtain all required permits, make all neo				
Occupancy. If property is occupied before a	Cot O is issued Civil Infractions	s will k	oe issued	/.

Signature of Building/Property Owner

Date

Permit Fee: \$125