



**APPLICATION FOR CERTIFICATE OF OCCUPANCY**  
**CITY OF MOUNT CLEMENS COMMUNITY DEVELOPMENT DEPARTMENT**  
**ONE CROCKER BOULEVARD, MOUNT CLEMENS MI 48043**

Office: (586) 469-6800 EXT 2; Fax: (586) 469-7695;  
Email: [tstacey@mountclemens.gov](mailto:tstacey@mountclemens.gov)



Permit No. \_\_\_\_\_

Property Address				
<b>FOR RESIDENTIAL USES</b> ___ Owner Occupied    ___ Rehab for Resale    ___ Rental				
Applicant's Name				
Applicant's Address		City	State	Zip Code
Email		Telephone Number		Fax Number
<b>FOR COMMERCIAL/INDUSTRIAL USES</b> ___ New Business to the City    ___ Relocation within the City    ___ Change of Use				
Name of Business		Type of Business		
Applicant's Name				
Applicant's Address		City	State	Zip Code
Owner's Name (if different)	Address	City	State	Zip Code
Email		Telephone Number		Fax Number

<b>PROJECT INFORMATION- COMMERCIAL/INDUSTRIAL USE ONLY</b>
Please state, in detail, the proposed use of this building including, but not limited to, all the activities proposed in the space, including all floors and suites. It is imperative that you clearly and accurately state all the business activities proposed at the subject location(s).

The proposed business will occupy:    \_\_\_ Single tenant space    \_\_\_ Combination of Tenant Space    \_\_\_ Entire building

Do you plan to undertake any construction alterations or modifications?    \_\_\_ Yes    \_\_\_ No

Type of improvements being done:    \_\_\_ Building    \_\_\_ Electrical    \_\_\_ Plumbing    \_\_\_ Mechanical

Have you applied for building, electrical, plumbing, and mechanical permits?    \_\_\_ Yes    \_\_\_ No

Is there a basement, cellar, or lower level, available, and accessible, to the proposed use? If yes, clearly describe proposed use.  
  
Amount of Square Footage: \_\_\_\_\_

Is there a second level or mezzanine, available, and accessible, to the proposed use? If yes, clearly describe proposed use.  
  
Amount of Square Footage: \_\_\_\_\_

Is any outdoor storage (the keeping, in an unroofed area, of any goods, junk material, merchandise, or vehicles in the same place for more than 24 hours), or display, going to be utilized at the subject location? If yes, clearly describe proposed use.

**INSPECTIONS AND FEES**

Building Department inspections and reinspection's are available by appointment on Tuesday, Wednesday, and Thursday at 9:00 a.m. Inspections must be scheduled 24 hours in advance. They may be made by calling the inspection hotline at (586) 469-6818 ext 915 or in person at the Building Department office at the Mount Clemens Municipal Building, 1 Crocker Blvd. Mount Clemens MI 48043. A completed application and payment must be received before the inspections will be scheduled.

Fire Department inspections are scheduled separately. Please call (586) 469-6840 to set up an inspection.

<b>Residential</b>	<b>Commercial</b>
___ Single Family Unit                      \$200.00	___ All    \$300.00
___ Two Family Unit                         \$200.00	*The City accepts cash, checks, and credit cards.
___ Three + Family Unit                     \$300.00	Make checks payable to the City of Mount Clemens.

All reinspection, permit, and rental fees are charged separately.

You are not permitted to use, or occupy, the subject property until you are in possession of a Certificate of Occupancy. These Certificates will not be issued until all required inspections have first been completed and approved. In certain cases, where a change in use is proposed within a building or tenant space, a building permit is required to be issued and building or site improvement plans may be required.

I, the undersigned, understand that all violations (plumbing, mechanical, electrical, building, and zoning) must be corrected prior to occupancy. I agree to apply for all permits before commencing work on the property. I have read and understand the above statements and herby agree that I will comply.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**I. VALIDATION – FOR DEPARTMENT USE ONLY**

DATE OF INSPECTION:	INTAKE BY:
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