

**FRENCHTOWN CHARTER TOWNSHIP**  
**APPLICATION FOR CERTIFICATE OF OCCUPANCY**  
2744 VIVIAN ROAD, MONROE, MI 48162  
PHONE: 734.242.5900

**\*\*Also Include a Written Letter with Detailed description of use, floor plan and site plan. \*\***

Parcel ID# \_\_\_\_\_ Certificate requested: Temp or Full Date: \_\_\_\_\_

Location/address for which Certificate of Occupancy is requested: \_\_\_\_\_

Name of Business and Brief Description of Subject to Occupy Building:

\_\_\_\_\_  
\_\_\_\_\_

Business Owner/Applicant Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Relationship to Property Owner (i.e. Lessee, Tenant, etc.): \_\_\_\_\_

\*\*\*Indicate whether Applicant is an Individual, LLC, Corp. and if Applicant is an entity indicate state where incorporated or organized\*\*\*

\_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Permit Number Associated with C of O (if any): \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Building Use: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Occupancy Load: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Sprinkled: Yes or No \_\_\_\_\_

**Use Classification:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.)            | <input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION)         | <input type="checkbox"/> (M) MERCANTILE                           |
| <input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.)   | <input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION)       | <input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS)     |
| <input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.) | <input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION)         | <input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY)    |
| <input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.)       | <input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD)      | <input type="checkbox"/> (R-3) RESIDENTIAL 3 (CHILD & ADULT CARE) |
| <input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.)      | <input type="checkbox"/> (H-5) HIGH HAZARD (HPM)                | <input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING)    |
| <input type="checkbox"/> (B) BUSINESS                               | <input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED)     | <input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD)        |
| <input type="checkbox"/> (E) EDUCATION                              | <input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.) | <input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD)             |
| <input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD)            | <input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.)   | <input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)              |
| <input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)                 | <input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)  |   |

Indicate whether Owner or Applicant is indebted to Township for any fees, charges, taxes or other indebtedness or whether there are outstanding sums owing as to Property? \_\_\_\_\_

If yes please explain: \_\_\_\_\_

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I hereby state and affirm that the information above is true and correct.

**Owner's Signature:** \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

**Fee of \$35** due at time of submission, payable by **cash or check made out to Frenchtown Township.**

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Electrical Inspector \_\_\_\_\_ Date \_\_\_\_\_

Mechanical Inspector \_\_\_\_\_ Date \_\_\_\_\_

Plumbing Inspector \_\_\_\_\_ Date \_\_\_\_\_

Fire Inspector \_\_\_\_\_ Date \_\_\_\_\_

Building Official \_\_\_\_\_ Date \_\_\_\_\_