



# CERTIFICATE OF OCCUPANCY APPLICATION



### Type of Improvement

- New Building       Addition       Alteration       Other: \_\_\_\_\_  
 Moving of Structure       Porch/Deck       Garage/Carport

**Applicant Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant is the:**  Owner       Lessee       Contractor/Architect

**Contractor's License Number:** \_\_\_\_\_

**Property Owner's Name** (if different from applicant): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

**Project Location or Address:** \_\_\_\_\_

**Cross Streets, Between:** \_\_\_\_\_ and \_\_\_\_\_

**Permanent Parcel Number:** \_\_\_\_\_

**Property is:**  Residential       Commercial       Industrial      **Property zoned:** \_\_\_\_\_

### Final Inspections Completed (if applicable):

- Building (Date: \_\_\_\_\_)       Electrical (Date: \_\_\_\_\_)  
 Mechanical (Date: \_\_\_\_\_)       Plumbing (Date: \_\_\_\_\_)

**Note:** Please be aware that no building or structure shall be occupied or used unless or until a Certificate of Occupancy has been issued by the City for such building or structure.

**Note:** Please be aware that a Certificate of Occupancy will be issued within ten (10) days after this completed application has been received by the City of Belding, provided that the building or structure for which a C/O is sought meets all requirements of the City and any other approving authority.

### TO BE COMPLETED BY CITY

Date application received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_