



City of Rochester Hills
Building Department
 1000 Rochester Hills Dr.
 Rochester Hills, MI 48309
 (248) 656-4615 Phone
 (248) 656-4623 Facsimile

CHANGE OF OCCUPANCY
APPLICATION



IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS

LOCATION	AT (Location) _____		
Of BUILDING	(No.)	(Street)	
Or SITE	SUBDIVISION	Lot #	Sidwell #

WHERE TWO OR MORE BUILDINGS EXIST ON ONE PROPERTY, IDENTIFY EACH BUILDING BY ITS PRINCIPAL USE

NAME OF BUSINESS: _____

PROPOSED USE:
 (SPECIFY USE OF ALL BUILDINGS)

TYPE OF IMPROVEMENTS:

- ELECTRICAL BUILDING
- PLUMBING FENCING
- HEATING DRAINAGE
- A/C/REFRIGERATION
- OTHER – SPECIFY EQUIPMENT _____
- SITE IMPROVEMENTS

TYPE OF SEWAGE DISPOSAL

- PUBLIC
- Private (septic tank, etc.)
Enter Septic Permit Number:
- PORTABLE

TYPE OF WATER SUPPLY

- PUBLIC
- PRIVATE WELL
- OTHER

NUMBER OF OFF-STREET PARKING SPACES

Enclosed..... _____
 Outdoors..... _____

1.	Owner _____ Name	Mailing Address – Number, street, city, state, and zip code _____	Telephone No. _____
2.	Tenant/Lessee _____ Name	Mailing Address – Number, street, city, state, and zip code _____	Telephone No. _____

I hereby certify that the proposed request for Certificate of Occupancy is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction. This approval procured by misrepresentation of facts or conditions, misstatements in application, or through improper action of any officer or employee of this department does not legalize any illegal use arrangement or condition.

 Signature of Applicant Address Phone Application Date

VALIDATION – FOR OFFICE USE		FEES
Zoning District _____	Denied by Building Department _____ Date	Application Fee..... _____
Use Group _____	Approved by Zoning Board of Appeals..... Date	Cash Receipt No..... _____
Type of Construction _____	Approved by Historical District Commission..... Date	
Occupancy Load _____	Approved by Building Department..... Date	
Square Footage _____		
Sprinkler System - Full _____	Hazard Group _____ Density _____	
Limited _____	Demand @ Riser: _____ GPM: _____ PSI: _____	
None _____	Approved by _____	

SPECIAL STIPULATIONS _____

