



# Certificate of Occupancy (C of O) Permit Application

**What is a C of O?** A document that certifies the building/structure/land is safe to occupy in accordance with local zoning regulations and building codes. All buildings/structures require a C of O to legally use them. A new C of O is required every time a change occurs (e.g., new construction, changes to use, ownership, or occupancy load).

For Questions or Comments: Please contact Inspections Division 269-966-3387

## APPLICATION FEE

**\$100.00**

### A. Tell us about the property.

Property address:	Suite/Unit:	Battle Creek	ZIP:
			Total # of floors:

### B. Who owns the property?

Owner Name:				
Owner Email:			Owner Phone:	
Owner Address:		City:	State:	ZIP:

### C. Who is applying for occupancy?

<input type="checkbox"/> Same as property owner	Applicant Name (Individual/Business):				
	Applicant Address		City:	State:	ZIP:
	Applicant Email:			Applicant Phone:	
	Applicant / Agent signature:				

Making a false statement on this application can result in the denial or cancellation of my C of O and criminal penalties including a fine and/or imprisonment. I certify that all statements on this application are true to the best of my knowledge. I agree to comply with all State and Local laws and Regulations and certify that I have resolved any violations on the property.

### D. What type C of O is being requesting? *Check only one. If applying for more than one, complete separate applications.*

<input type="checkbox"/> Permanent	<i>Does not expire until a change to the space or ownership is made</i>
<input type="checkbox"/> Temporary; (dates to/from) _____ - _____	<i>Non-permanent use for one or multi-day events (e.g., farmers' market; movie night)</i>
<input type="checkbox"/> Conditional/Partial for _____ days	<i>Short-term occupancy based on specific conditions</i>

### E. Tell us about the proposed use of the property.

Proposed use (e.g., retail, eating establishment, public facility, single family, multi family):	Which floors will be occupied?	
_____	_____	
Proposed # of occupants: _____	# of dwelling units or rooms (if applicable): _____	Sq. ft. occupied: _____
Are you renting any portion of the property? (check)	No	Yes, rented
Is the proposed use approved by Zoning? (check)	No	Yes
<i>Along with the C of O application, provide documentation verifying compliance with the conditions of Zoning.</i>		

<b>OFFICE USE ONLY</b>	Date Received _____	Received By _____
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### Are Required Inspections Completed? (check all that apply)

Building <input type="checkbox"/> Completed <input type="checkbox"/> N/A	Electrical <input type="checkbox"/> Completed <input type="checkbox"/> N/A	Mechanical <input type="checkbox"/> Completed <input type="checkbox"/> N/A	Plumbing <input type="checkbox"/> Completed <input type="checkbox"/> N/A	Zoning <input type="checkbox"/> Completed <input type="checkbox"/> N/A
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New C of O # \_\_\_\_\_ Use Group \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Prior C of O # \_\_\_\_\_ Use Group \_\_\_\_\_ Date of Issuance \_\_\_\_\_