



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 requested? Check only one. If applying for more than one, complete separate applications.

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

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? _____
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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	
Along with the C of O application, provide documentation verifying compliance with the conditions of Zoning.		

OFFICE USE ONLY

Date Received _____

Received By _____

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 _____