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

ACCREDITED

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS

LOCATION Of BUILDING Or SITE **AT (Location)**_____
(No.) **(Street)**
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*

Zoning District _____
Use Group _____
Type of Construction _____
Occupancy Load _____
Sprinkler System - Full _____
Limited ____
None ____

Denied by Building Department ……_____ Date
Approved by Zoning Board of Appeals…….._____ Date
Approved by Historical District Commission…._____ Date
Approved by Building Department……_____ Date

Approved by _____

FEES

Application Fee……_____
Cash Receipt No……._____

SPECIAL STIPULATIONS _____