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

LOCATION _____ **SUITE #** _____

ZIP CODE _____ **COMMERCIAL CENTER NAME** _____

*** 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:

- ☐ BUILDING
- ☐ ELECTRICAL
- ☐ PLUMBING
- ☐ SITE
- ☐ HEATING-A/C-REFRIGERATION
- ☐ OTHER – PLEASE SPECIFY
  EQUIPMENT_____
- ☐ SITE IMPROVEMENTS
- ☐ NONE

What is the maximum number of occupants that will be in the building, including employees, at any given time? _____

Owner _____
Name | Mailing Address – Number, street, city, state, and zip code | Telephone No.

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

Square Footage_____ Sprinkler System – Full _____ Limited _____ None _____ Application Fee $255.00

Use Group _____ Hazard Group _____ Density _____

Type of Construction _____ Demand @ Riser: _____ GPM: _____ PSI: _____

Occupancy Load _____ Approved by Building Department Inspector _____ Date _____

Zoning District _____ Planning Approval by _____ Date_____

SPECIAL STIPULATIONS _____

_____

_____