

	City of Sylvan Lake 1820 Inverness Sylvan Lake, MI 48320 <u>Phone (248) 433-7715 Fax: 433-7729</u> <i>Inspection requests (248) 433-7715</i> www.sylvanlake.org
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Request for Certificate of Occupancy

Date _____ Building Permit # _____

This is a request for a ☐ full **or** ☐ temporary Certificate of Occupancy for

Address _____

Or known as Lot # _____ Subdivision _____

I, _____, am the ☐ permit holder ☐ property owner of the above-mentioned property and I am requesting the Certificate of Occupancy to be issued at this time.

I agree, if this request is for a temporary Certificate of Occupancy*, a cash bond is required to be paid prior to the release of this Certificate of Occupancy, and attached is an itemized list of outstanding issues to be completed by _____ date.

Certificate fee: \$25.00 check is to be accompanied with this request.

*The new or altered area must be determined to be safe for occupancy by the Building Division and Fire Department prior to requesting a Certificate of Occupancy. All final inspections must have a minimum of a Partial Approval prior to consideration of a Certificate of Occupancy request. Allow a minimum of one week for processing.

Print Name _____

Telephone _____

Office Use Only:

Date Received _____

Date Denied _____ (see attached for comments)

Date Approved and Released _____

Authorized by _____ Dept. _____

Contacted _____ Date _____