

# City of Roseville

Building Department  
(586)445-5450

29777 Gratiot  
Roseville MI 48066  
www.roseville-mi.gov

## APPLICATION FOR CERTIFICATE OF OCCUPANCY / CERTIFICATION

**BUILDING ADDRESS:** \_\_\_\_\_

**IF APPLICANT IS NOT THE OWNER OF THE BUILDING, WRITTEN AUTHORIZATION FROM THE OWNER OR HIS REPRESENTATIVE MUST ACCOMPANY THIS APPLICATION PRIOR TO INSPECTION.**

**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS: STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER(S):** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**DRIVER LICENSE NUMBER:** \_\_\_\_\_

*(For Commercial/Industrial Properties)*

**NAME OF BUSINESS:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**BUILDING OWNER:** \_\_\_\_\_

**ADDRESS: STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER(S):** \_\_\_\_\_

I, THE UNDERSIGNED, UNDERSTAND THAT ALL VIOLATIONS (Plumbing, Mechanical, Electrical, Building and Zoning) MUST BE CORRECTED PRIOR TO OCCUPANCY.

**\*\*I agree to have a ladder on site to provide access to rooftops and/or suspended ceilings.\*\***

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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(Building Department Use)

**INSPECTION DATE:** \_\_\_\_\_

**CERTIFICATE OF OCCUPANCY NUMBER:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_