



COMMERCIAL OCCUPANCY PERMIT APPLICATION

CITY OF TROY

DEPARTMENT OF BUILDING INSPECTIONS
500 W. BIG BEAVER ROAD
TROY, MICHIGAN 48084
248-524-3344

Check # _____

Date: _____

BUILDING

Property Information ☐ Electronic PDF Copies of the application and submittal documents are required & preferred please submit via email to: buildinginspection@troymi.gov & rikki.varieur@troymi.gov for review

Address: _____

Request Occupancy Permit To:

☐ Occupy ☐ Buy or Sell the property ☐ HMR changes (Hazardous Materials Report ☐ Storage methods changes per NFPA 13

☐ Commodity changes per NFPA 13 and 2015 MBC ☐ Procedures and/or services changes per 2015 IFC, 2015 MBC

Explain the type of business and additional information specific to the Occupancy Permit request: _____

USE GROUP: _____ CONST. TYPE: _____ SPRINKLED: Y / N

Size: _____ Square feet: _____

Applicant Information

Company Name: _____ Contact Name: _____

Phone: _____ Fax # _____

Address: _____ City: _____ State _____ Zip: _____

Drivers License # _____ Email: _____ Contact Phone #: _____

Property Owner Information

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND THAT I HAVE REVIEWED ALL DEED RESTRICTIONS WHICH MAY APPLY TO THIS CONSTRUCTION AND AM AWARE OF MY RESPONSIBILITY THEREUNDER.

Signature & Print Name: _____

Date: _____

Section 23a of the state construction code act of 1972, 1972PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

FOR BUILDING DEPARTMENT USE ONLY

REVISED 8.7.2023
By: Building Official

APPROVED BY: ☐ Fire Department
☐ Enforcement
☐ Building Department

Date: _____
Date: _____
Date: _____

PLAN ANALYST COMMENTS: _____

SPECIAL STIPULATIONS: _____

Fees \$ _____ **Date** _____

FEES DUE: _____

	\$ _____
Application Processing	\$ \$20.00
Inspection	\$ \$180 min, \$360 max
Certificate of Occupancy	\$ \$175
TOTAL DUE	\$ _____

The above fees include 2 inspections, if more inspections are required then additional fees will apply.

Miscellaneous:

Structural Inspection	\$ _____
Site Inspection	\$ _____
Special Inspection	\$ _____

All documentation available is recommended to be submitted for the review stage, including but not limited to: Drawings, Studies, Supporting Data, Laboratory Analysis and/or Reports, ICC ES reports, Maintenance Reports, Equipment Manuals, Machinery Structural Data and any other similar documentation that could help expedite the process.

Disclosure: During the inspection process inspectors will be checking that all State and Municipal ordinances are at the time of the inspections reflecting the approved use of the Building/Site per the 2015 MBC/2015 IFC/ local Municipal Codes and Zoning Ordinance. When violations are found the applicant must obtain the proper permits to amend the violation and possibly prevent legal proceedings for the violation.

APPROVED BY: _____ DATE: _____

Commercial Occupancy Permit Application Addendum #1

The following information is REQUIRED for all Commercial Occupancy Review process. Failure to give the requested information will delay the Review process & approval.

Plans to be submitted in electronic form. **All index sheets included and the electronic copy in the correct order as a PDF form. If it is not properly organized the applicant will be informed and the submitted file shall be corrected by the Architect/Design professional.**

- **This information must be clear, correct & legible.** Hand writing must be clear, if you need assistance from the front counter staff. Please ask & we will be glad to help.
- **Must Supply Owner's: name, phone number(s), address and email(s).**
Owner's name_____
Owner's phone number_____
Owner's address_____
Owner's email address_____
- **Must Supply Occupant's: contact name, phone number(s), address and email(s).** Occupant's name_____
Occupant's phone number_____
Occupant's email address_____
- **Must Supply Contractor's: name, phone number(s), address and email(s). (When applicable)**
Contractor's name_____. Contractor's
phone number_____. Contractor's
address_____. Contractor's email
address_____.
- **Must supply Architect's (Design professional &/or Engineer) of record: name, phone number(s), address and email(s).(When applicable)**
Architect's name_____
Architect's phone number_____
Architect's address_____
Architect's email address_____
- **Must supply full information for the staff related to the property:**
Name:_____Email:_____
Phone number:_____.