



# TEMPORARY OCCUPANCY INSPECTION PERMIT

City of Kentwood  
4900 Breton Ave SE • P.O. Box 8848  
Kentwood, MI 49518-8848  
(616) 554-0700

Permit Applicant (Must be Original Permit Holder)	Permit No. (Original Building Permit Number)
Address	Phone
Property Address	
Email Address	

1) Clearly define the reason for requesting Temporary Occupancy:  
Include reason project is not complete and projected completion date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Clearly define the building area requested for occupancy and the intended use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Clearly define the number of personnel and the activities that will be performed within the area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Inspection Fee of \$350.00 for TCO. ALL REQUIRED INSPECTORS MUST APPROVE TCO

Building _____	Electric _____
Plumbing _____	Fire _____
Mechanical _____	

This Fee is consistent with the rate charged for inspection requested on work that is not ready for inspection. The TCO inspection will be preformed in good faith assuming all work is complete and ready for inspection. The above total will not apply to additional inspections required for the TCO or other areas of TCO of inspection.

APPLICATION MUST BE SIGNED BY THE BUILDING OFFICIAL AND ALL FEES PAID PRIOR TO INSPECTION(S).

VIOLATION OF SPECIFIC INSTRUCTION WILL TERMINATE TCO

Applicant: \_\_\_\_\_  
(I have read and will comply with the specific instructions)

Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ TCO Expiration Date: \_\_\_\_\_