



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 | |

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 \$70.00 for each inspection. **ALL REQUIRED INSPECTORS MUST APPROVE TCO**

| | |
|------------------|----------------|
| Building _____ | Electric _____ |
| Plumbing _____ | Fire _____ |
| Mechanical _____ | TOTAL _____ |

Building Official: _____

This Fee is consistent with the rate charged for inspection requested on work that is not ready for inspection. The TCO inspection will be performed 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: _____