



SERVING CLINTON'S NEEDS FOR OVER 175 YEARS

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for inspections, please call 517.424.6547

CERTIFICATE OF OCCUPANCY APPLICATION

\$100.00 FEE

Address of Structure: _____

Name of applicant: _____

Property Owner: _____ Telephone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Square footage of principle building: _____ sq. ft.

IF COMMERCIAL OR INDUSTRIAL

Name of Business: _____

Description of Business: _____

Business Proprietor:

Name: _____ Telephone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

List Buildings on entire lot: _____

Type of business: _____ Commercial, _____ Industrial, _____ Multi-Family Residential

I hereby certify that I am the owner of record of the named property, or that the request is authorized by the owner of record and that I have been authorized by the owner of record to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant

Date of Submittal

FOR DEPARTMENT USE ONLY

Authorized Signature

Date Approved