

City of Charlotte, Michigan  
**Application for Certificate of Occupancy**

Instructions: Complete this form by printing the requested information in the spaces provided.  
 Mail or personally deliver this form and a check in the amount of \$15.00 made out to City of  
 Charlotte to: Community Development Office, 111 E. Lawrence Avenue, Charlotte, MI 48813

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Parking Spaces Available \_\_\_\_\_

Description of Proposed Use: \_\_\_\_\_

**OFFICE USE ONLY BELOW THIS LINE**

Community Development Reviewer: _____	Use reverse for comments.
<input type="checkbox"/> Approved <input type="checkbox"/> Denied      Date: _____	Zoning District : _____
Public Works/Utilities Reviewer: _____	Proposed Use Permitted?
Equity Fee Amount: \$ _____      Date: _____	<input type="checkbox"/> By Right
Assessing Dept. Reviewer: _____	<input type="checkbox"/> Special Use
Date Received by Assessing Dept. _____	<input type="checkbox"/> No
Fire Department Reviewer: _____	Application Fee Paid?
<input type="checkbox"/> Approved <input type="checkbox"/> Denied      Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Office Reviewer: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied      Date: _____	Equity Fee Paid?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Date: _____