

Onondaga Township
Building Department
P.O. Box 67
Onondaga, Michigan 49264
Certificate of Occupancy Application

Date:

Home Owners:
Project Address:
Contractor's Name:
Address:
Tax ID:
() House () Mobile Home () Addition

Township Plumbing Approval Yes () No () N/A () Date: _____

Township Electrical Approval Yes () No () N/A () Date: _____

Township Mechanical Approval Yes () No () N/A () Date: _____

() I desire occupancy of the above address
Home Owner's Signature: _____

() A certificate of occupancy for the project or premises for the purpose described here-in is hereby authorized.

() A certificate of occupancy is denied for the following reasons:

() Applicant notified
Building Inspector's Signature: _____

If not available on site, please sign and return to:
Onondaga Township
Box 67
Onondaga, MI 49264