REQUEST FOR CERTIFICATE OF OCCUPANCY

INSPECTIONS CONDUCTED MONDAY-THURSDAY INSPECTION DATE:

| <u>COMMERCIAL</u> : | | | | | | |
|--|-------------------|--------------------|-------------------|------------------|---------------------------------------|--|
| Business (Property) Address: Busi | | | usiness Name: | | | |
| Business Phone #: | | | | | | |
| | | Email: | | | | |
| RESIDENTIAL: | | LOCK BO | Email: | | | |
| Property Address: | LOCK BO | LOCK BOX LOCATION: | | | | |
| TENANT : (If Other Than Property Owner | r) | | | | | |
| Name: | | Address: | | | | |
| | | Phone #: _ | | | | |
| PROPERTY OWNER: | | Email: | | | | |
| | | | | | | |
| Name: | | Address: _ | Address: Phone #: | | | |
| | | Phone #: _ | | | | |
| 2 nd Contact Person (Emergency) | | Eman: | | | | |
| | | | | | | |
| Name: | | Address: _ | | | | |
| Position: | | Pnone #: _ | | | · · · · · · · · · · · · · · · · · · · | |
| Description of Business: | | | | | | |
| Send Violation(s) Report To: | | | | | | |
| Name Name | Addres | ss — | City | State - | Zip | |
| ALARM COMPANY'S NAME, IF ANY: | | | | | | |
| Phone #: | | | | | | |
| Type of Alarm (Please circle all that apply) | Door | Motion | Smoke | Button | | |
| Comments: | | | | | | |
| | | | | | | |
| TC b | PLEASE | | 414 MIICT | | | |
| If you have any hazardous materials at your l Clawson Fire Department by way of a mater information. | | | | | | |
| Also, it is a great help to both the Fire Departm both the Front and Rear Doors of your business | | ice Department i | if you place your | · business name | and address on | |
| Police/ Fire Dept. (I | Dispatch): 248-52 | 24-3477 E | Emergency Call: | <mark>911</mark> | | |
| \$200.00 (Commercial) \$175.00 (Residential) | | | | | | |
| | licant's Signati | uro | | Date | - | |
| Арр | ncant s Signati | ui C | | Date | | |

Certificate of Occupancy Applicant Instructions

Commercial

Commercial properties require a Certificate of Occupancy (CO) with any change of tenant. Tenant or owner must submit a CO application and chemical survey (see attached).

Fee is \$200.00

Residential:

New construction residential properties and vacant homes with utility shut-offs require a Certificate of Occupancy (CO)

Fee is \$175.00

- Applicant submits CO application* and fee the Building Department.
- Applicant must have utilities gas, electric & water turned on prior to scheduling inspection
 - Gas & electric must be on prior to requesting water service
 - Contact the Department of Public Works (DPW) for an appointment to turn on water service and inspect water meter. (access to the interior is required)
 - o Pay outstanding balance on water account, if applicable
- Applicant schedules a CO inspection with the Building Department. Inspections are scheduled Monday – Friday with a 24 hour notice.
- If CO Inspection is approved
 - Bldg. & Planning issues CO within 10 business days
- If deficiencies are noted on the inspection, applicant will receive a written report within 10 business days.
 - When deficiencies are completed, Applicant requests a final inspection.
 - o Bldg. & Planning issues CO within 10 business days of an approved final inspection

*Please fill out the application completely. Place N/A (not applicable) in any spaces that do not apply

Clawson Building Department 248-435-4500 ext. 121

Clawson DPW 248-288-3222

COMMON PROBLEMS FOUND ON OCCUPANCY CERTIFICATE INSPECTIONS (THIS LIST IS NOT INTENDED TO BE ALL INCLUSIVE)

We do not want to delay occupancy of your building so before you schedule your inspection, please make sure your property is in good condition. Here are some of the common items the inspector will look for:

- All exit signs are fully operational on both AC and battery. Non-battery units must be replaced with battery units.
- All emergency egress lights are fully operational and provide 1 foot candle of illumination in all exit aisles and corridors.
- All doors and panic hardware work and are unobstructed. All exterior doors have door closers and selfclose and latch.
- There are no interior key operated deadbolts on egress doors.
- All electric panels have covers and all circuits are labeled.
- All switches, outlets and junction boxes have covers.
- There is no trash in storage areas or furnace rooms.
- No storage outside of building on property.
- All ceiling tile is in place.
- Dumpster enclosure clean and gates working properly.
- Contrasting color address on front of building, NOT ON GLASS, and readable from center line of adjacent road.
- Fire extinguishers are mounted, sealed, and have current tags.
- Fire sprinkler and suppression systems, including kitchen hoods, are operational, have been tested in past two years and are connected to an alarm company.
- Carbon Monoxide test on the furnace done by a licensed heating and cooling contractor and a copy of the results sent to the Building Dept.
- Fire alarm systems are operable.
- All signs are in good condition, advertise only the current business, and have permits.
- Parking lot striping and handicap signage is in good condition.
- Parking lot and walkway surfaces are in good condition.

If you have any questions before your inspection, please contact the City of Clawson Building Department at 248-435-4500 ext. 121.



CITY OF CLAWSON

425 N. Main Street | Clawson, Michigan 48017 Phone: 248.435.4500 | Fax: 248.435.0515 www.cityofclawson.com

Dear Facility Owner/Operator:

Section 141 of the Michigan Occupational Safety and Health Act (MIOSHA), Act No. 154, P.A. of 1974, as amended, requires that each fire chief prepare and disseminate to each fire fighter information on facilities within their jurisdiction that use or produce hazardous chemicals.

The Michigan Fire Prevention Code, Act No. 207, P.A. of 1941, as amended, requires that any firm handling hazardous chemicals provide information to the fire chief upon request. This allows the fire department to gather information on each chemical so that the requirements of MIOSHA can be met.

To assist our department in fulfilling its responsibilities under MIOSHA, we are requesting that you complete the enclosed survey. If your firm does not use or produce any hazardous chemicals (see attached definitions), you still need to complete the form. This information can be beneficial to you and your fire fighting personnel when responding to a fire or other emergency at your facility.

If the information you provide indicates that your firm is a user or producer of hazardous chemicals and the chemicals on site meet or exceed the specified quantities, we will be contacting you for further information. This may include material safety data sheets (MSDS); a listing of the hazardous chemicals by name, along with the greatest amount that may be located on site at one time; and the actual locations of the chemicals at your facility.

Please complete the survey and forward to (City of Clawson, Building Department, 425 N. Main, Clawson, MI 48017) within ten (10) days. All surveys including negative responses will be kept on file for future use and to satisfy MIOSHA requirements. If there is a change concerning the use, production or quantity of hazardous chemicals at your firm in the future, please contact this department so that we may update our files.

If you have any questions, please contact the Fire Marshal at 248-435-4500 ext. 114.

Thank you for your cooperation.

City of Clawson Building Department

POLICE & FIRE 248.524.3477 FAX: 248.435.4847 PUBLIC WORKS 248.288.3222 FAX: 248.288.3973 RECREATION 248.589.0334

LIBRARY 248.588.5500 FAX: 248.588.3114

CHEMICAL SURVEY (COMMERCIAL PROPERTY ONLY)

Information:

This survey is requested to determine the quantity of specific chemical groups used, produced or stored in your facility. Fire Chiefs are required to collect chemical data under the Michigan Occupational Safety and Health Act (MIOSHA), P.A. 154 of 1974, as amended and the Fire Prevention Code, PA 207 of 1941.

Instructions:

Indicate below whether your site uses or produces any of the chemical types listed. Check all the categories that apply when a chemical has more than one characteristic, (Example: Both a Class 3 - Flammable and a Class 6 - Poison), see definitions. Each chemical group listed in this survey includes a specified quantity. Indicate the quantity category for each chemical group on your site. To complete this survey, you may need to reference material Safety Data Sheets, SARA Title III reporting forms, along with the attached definitions.

Note: You must complete each line. Do not leave blanks. If you do not use a chemical group listed, MARK "DO NOT HAVE" BOX.

When substantial changes occur in the quantity or type of chemical use, manufacture or related storage, a revised survey must be submitted to the Fire Chief. In addition, a revised survey will be requested periodically as the Fire Chief determines necessary, but at least once every five years.

This survey may be followed-up with a request for more detailed information. This may include a request for Material Safety Data Sheets, chemical lists maintained under the Employee Right to Know provisions of MIOSHA and other information.

| Please return this ques | tionnaire as indicated in the attached cover letter. | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| This site is: | Chemical User – (Chemicals used in activities on site). | | | | | | | |
| | Chemical-Producer – (Chemicals manufactured at this site, includes packaging. | | | | | | | |
| | Other - Mark this box if chemicals are stored on site, but not used or produced. | | | | | | | |
| | Please specify: | | | | | | | |
| | (Examples: Service Station, Retail Store, and Storage Facility) | | | | | | | |
| Date Completed: | | | | | | | | |
| Site Address: | | | | | | | | |
| Name of Premises: | | | | | | | | |
| Site Telephone #: | | | | | | | | |
| Emergency Contacts: (Include Private Alarm/Security Companies) | | | | | | | | |
| Name/Title | Business Phone # Home Phone # | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

CHEMICAL SURVEY

(COMMERCIAL PROPERTY ONLY) (LIST OF CHEMICALS)

Respond based on the maximum quantity you would have on-site, including storage, at any one time during the year.

| CHEMICAL TYPE | SPECIFIED QUANTITY | HAVE AT - OR ABOVE SPECIFIED QUANTITY | HAVE - BUT BELOW SPECIFIED QUANTITY | DO NOT HAVE |
|--|------------------------------|---|---|-------------|
| Explosives & Blazing Agents (Not including Class C Explosives) | Any Quantity | | | |
| Poison Gas | Any Quantity | | | |
| Flammable Gas | 100 Gallon Water Capacity | | | |
| Non-Flammable Gas | 100 Gallon Water Capacity | | | |
| Flammable Liquid | 1,000 Gallons | | | |
| Combustible Liquid | 10,000 Gallons | | | |
| Flammable Solid (Dangerous when wet) | 100 lbs. | | | |
| Flammable Solid | 500 lbs. | | | |
| Spontaneously Combustible Material | 100 lbs. | | | |
| Oxidizer | 500 lbs. | | | |
| Organic Peroxide | 250 lbs. | | | |
| Poison | 500 lbs. | | | |
| Irritating Material: Liquid | 1,000 Gallons | | | |
| Irritating Material: Solid | 500 lbs. | | | |
| Radioactive Material (Yellow III Label) | Any Quantity | | | |
| Corrosives: Liquid | 1,000 Gallons | | | |
| Corrosives: Solid | 500 lbs. | | | |
| Known Human Carcinogen | Any Category | | | |

If you do not have any of the above, please check DO NOT HAVE BOX

PLEASE RETURN WITHIN TEN (10) DAYS TO THE CITY OF CLAWSON, BUILDING DEPT.