

TOWNSHIP USE ONLY

ZONING

Zoning District: _____

Occupancy or Building Permit No.: _____ **Date:** _____

Temporary Certificate of Occupancy to be issued for:

for a period of _____ months or _____ days.

Conditions for issuance (if any exist):

This application is **APPROVED FOR ZONING** by: _____ **Date:** _____
Ross Township Zoning Officer

BUILDING INSPECTION

Is this a valid request? **Yes** **No**, explain below:

Are the following inspections required for **Final Occupancy Permit** approval?

Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mechanical (HVAC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinkler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kitchen Exhaust Hood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupancy Placard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Energy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Site Plan (parking, landscaping, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Expiration Date: _____

Temporary Occupancy Inspection approved by : _____ **Date:** _____
Building Inspector

Temporary Occupancy Permit Number: _____ **Permit Fee:** \$ 50.00

Invoice Number: _____ **Scanning Fee:** \$ 4.00

Check Number: _____ **Document Storage:** \$ 3.00

Grand Total: \$ 57.00

Approved by: _____ **Date:** _____
Building Code Official