



City of Burton

Building Department
4093 Manor Drive
Burton, MI 48519
(810) 742-9230

DATE FILED: _____
FEE PAID: _____

APPLICATION FOR NEW COMMERCIAL, OR INDUSTRIAL INSPECTION

OWNER'S INFORMATION:

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S PHONE NUMBER: () _____

OWNER'S EMAIL: _____

APPLICANT'S INFORMATION: (if different than owner)

APPLICANT'S NAME: _____

APPLICANT'S MAILING ADDRESS: _____

APPLICANT'S PHONE NUMBER: () _____

APPLICANT'S EMAIL: _____

PROPERTY ADDRESS: _____

I hereby certify that the proposed inspection is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent. I agree the statements made on the attached application are true, and if found not to be true, any occupancy that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any occupancy that may be issued. Further, I agree the occupancy that may be issued is with the understanding all applicable sections of the City of Burton Zoning Ordinance and the State of Michigan Residential Building Code will be complied with. Further, I agree to notify the City of Burton inspection department prior to the required inspections identified by the Building Inspector. Further, I agree to give permission to officials of the City of Burton to enter the property subject to this permit application for the purposes of inspections. Finally, I understand this is an inspection application (not a permit) and that a permit, if required will be my responsibility to obtain before occupancy is conveyed. ** *The building inspector will not enter the house/business without either the Representative present at time of inspection or unless given specific instructions as to the entry of the building.

APPLICANT'S SIGNATURE: _____

Please understand that a City of Burton representative will not contact you prior to the scheduled inspection. It is your responsibility to cancel the scheduled inspection prior to the inspection time. Failure to cancel will result in a reinspection fee.

INSPECTION: **DATE:** _____ **TIME:** _____

Additional Inspection instructions: _____

I, _____ understand that the building located
(print name)

at _____ is a new business located in the City of
Burton. The Building Inspector has conducted an inspection of the building and given me a list
of repairs to be made before the building can be occupied. I am requesting that the water be
turned on by the City of Burton so that I can make said repairs. I also understand that this does
not give permission or rights for occupancy of the building. It is my responsibility to contact the
Building Division for an occupancy inspection once I have made the correct repairs.

Failure to follow up with the Building Division for occupancy before the timeframe specified by
the inspector or occupying the building without proper approvals will result in the water being
turned off regardless of the status of the bill. I understand that I am responsible to pay any
applicable turn on/turn off fees.

Signature below indicated acceptance of the conditions listed above.

Signature

Date