COMMERCIAL OCCUPANCY APPLICATION/SPECIAL INSPECTION CHECKLIST

CITY OF NOVI

COMMUNITY DEVELOPMENT DEPARTMENT

Permit # :_____

Name of Business: _____

Address:_____**Suite:**_____

Facility Name:_____**Sidwell No:** _____

Zoning District:_____**Total Area of Tenant Space:**_____**Is Tenant Space Suppressed?** ☐ **Yes** ☐ **No**

Telephone No:_____**Email:**_____

Use & Occupancy Classification:_____/_____
Previous **Proposed**

The following items need to be addressed and verified for compliance before an inspection can take place for the above mentioned address:

Approved	Not Approved	Does Not Apply	
☐	☐	☐	**Zoning Compliance:** The zoning district of the business needs to be verified to ensure that the business is allowed to be in that district per the Novi Zoning Ordinances. (Change of Use/Occupancy only)
☐	☐	☐	**Occupancy Classification:** The business use needs to be verified for compliance. Is the business allowed in the building based on the Michigan Building Code for Existing Buildings? Is the business required to have fire suppression or fire alarm systems installed? (Change of Use/Occupancy only)
☐	☐	☐	**Water Department Verification:** The City of Novi Water Department needs to verify the use of the space and determine if the water usage rates will be affected by the new occupancy. (Change of Use/Occupancy only)
☐	☐	☐	**Emergency Lighting:** Emergency lighting will need to be tested to verify that the emergency lights and their batteries are in sound working condition.
☐	☐	☐	**Exit Signs:** Exit Signage will need to be tested to verify that the exit lights, bulbs, and emergency power systems are all in sound working condition.
☐	☐	☐	**Fire Suppression Systems:** An annual inspection report needs to be submitted for the fire suppression system from a ***Licensed Fire Suppression Contractor*** to certify that the fire suppression system is operational and meets minimum code requirements. *Please provide a copy of the annual inspection to the Inspector at the time of inspection.*
☐	☐	☐	**Fire Alarm System:** An annual inspection report needs to be submitted for the fire alarm system from a ***Licensed Fire Alarm Contractor*** to certify that the Fire Alarm system is operational and meets minimum code requirements. *Please provide a copy of the annual inspection to the Inspector at the time of inspection.*

Approved	Not Approved	Does Not Apply	
☐	☐	☐	**Fire Extinguishers:** All existing fire extinguishers need to be installed and have certification tags on the fire extinguishers to verify that the extinguishers have been tested and recharged within the past year. Certification tags need to be completed by a qualified extinguisher supplier or distributor.
☐	☐	☐	**Address / Business Name:** The address of the business needs to be posted on the front of the building, and the name and address needs to be posted on the rear door of the business.
☐	☐	☐	**Barrier Free Restrooms and Egress:** Barrier free bathroom and egress signage, hardware and fixture configuration, and any other required barrier free signage needs to be installed at accessible features.
☐	☐	☐	**Means of Egress:** All means of egress paths and aisles must be maintained with the minimum clear path as required based on the use of the space. All egress doors and hardware must be operating properly.
☐	☐	☐	**Occupant Load:** Every Assembly occupancy is required to have the occupant load of the space posted in a conspicuous place, near the main exit, or exit access doorway from a room or space.
☐	☐	☐	**Electrical Systems:** The electrical system needs to be in sound working order with no open electrical boxes, all switch covers need to be installed, GFCI outlets need to be working and will be tested by the inspector, and any exposed open wiring needs to be properly terminated in an approved manner. Extension Cords removed.
☐	☐	☐	**Mechanical Systems: Function of** Mechanical HVAC systems, Kitchen Hood Systems, Grease Ducts, Outside Air. See attached pages for mechanical system requirements. Exception: large and/or multitenant building with annual maintenance programs
☐	☐	☐	**Other Agency Requirements:** Is there a requirement from Oakland County Health Department, Michigan Department of Agriculture, or State of Michigan Fire Safety Division? If so, provide approval documentation.
☐	☐	☐	**Flame Spread Documentation:** If any new carpeting, drapes, wall coverings etc. have been installed, flame spread documentation needs to be submitted to verify compliance with Chapter 8 of the Michigan Building Code.
☐	☐	☐	**High Piled Combustible Storage:** If any high rack storage is being utilized within the business it must meet the requirements of Chapter 32 of the 2015 International Fire Code. High piled combustible storage is storage that is greater than 12 feet in height.

If Any Of The Above Items Are Not Corrected At The Time of Inspection By The City Of Novi, Additional Inspections Fees for Reinspection May Be Due.

This list is not a complete list of all requirements for a commercial occupancy change. This is a checklist of common deficiencies that have been found on previous projects. Other violations found by the inspectors during their inspection process are still required to be repaired prior to obtaining a Certificate of Occupancy. Some violations may require additional permits and plans being submitted to City of Novi Community Development Department for plan review and approval.

This form is to be completed by the new business owner and needs to be returned to the City of Novi Community Development Department *prior* to scheduling the Change of Occupancy Inspection.

Business Owner (Print): _____

Business Owner (Signature):_____Date:_____

MECHANICAL CHANGE OF OCCUPANY REQUIREMENTS

CITY OF NOVI

COMMUNITY DEVELOPMENT DEPARTMENT

(248) 347-0415

A State of Michigan Licensed Mechanical Contractor needs to provide a Mechanical Equipment Certification Letter to include the following items:

All Occupancies:

1. ***A Carbon monoxide test on heat exchanger must be performed.***
2. That HVAC equipment is properly installed and in a state of safe working condition and capable of performing the intended function.
3. All safety controls, other installed devices and heat exchangers are in safe operating condition.
4. Proper combustion and dilution air is supplied to all fuel burning appliances.
5. All chimneys and vents are in safe working condition, and they do not exhibit any signs of leakage, corrosion, or other deficiencies that could cause an unsafe condition.

Commercial Kitchens:

6. Grease ducts must be inspected by a Licensed Contractor. A certification must be provided stating the integrity of the system.
7. Grease ducts must be cleaned by a professional cleaning company and proof of service provided.
8. A smoke (capture) test must be performed by a Licensed Mechanical Contractor. The test must show the exhausting of all smoke, and all equipment under the hood.
   A grease trap in the kitchen area must be cleaned out and the cover off for inspection.
9. A grease interceptor located outside the building must be cleaned out and proof of service provided.

The Mechanical Equipment Certification must be on Mechanical Contractors Company Letterhead and signed by the Licensed Mechanical Contractor.

The Mechanical Equipment Certification is Required Prior to any Certificate of Occupancy being issued.

PUBLIC RESTROOM AFFIDAVIT

IN ACCORDANCE WITH PUBLIC ACT 230 OF 1972

CITY OF NOVI

COMMUNITY DEVELOPMENT DEPARTMENT

(248) 347-0415

2021 Michigan Plumbing Code Section 403.3 in accordance with Public Act 230 of 1972, requires that customers, patrons, and visitors shall be provided with public toilet facilities in structures and tenant spaces intended for public utilization and public access to restrooms must be available at all times the building is occupied.

The undersigned hereby acknowledges that he/she/they have/has been made aware of the public restroom requirements as listed under Public Act 230 of 1972. Proper signage and access to restrooms for the general public shall be maintained, failure to comply with Act 230 may result in further enforcement action.

Name of Business (Print):_____

Address:_____

Business Owner (Print):_____

Business Owner (Signature):_____

Telephone No:_____**Email:** _____

STATE OF MICHIGAN)
)ss.
COUNTY OF OAKLAND)

Subscribed and sworn to before me this_____**day of**_____,_____.

_____ **Notary Public**_____**County, Michigan.**

My Commission Expires:_____.