



TEMPORARY
C OF O REQUEST

7275 West Main Street, Kalamazoo MI 49009

Phone: (269) 585-4150

Email: info@swmiba.org

Web: www.SWMIBA.org

I. Job Location

Name of Owner / Agent	Phone Number of Owner / Agent
Job Location (Street Number & Street Name)	Name of City, Village, or Township of Job Location

II. ___ Applicant ___ Contractor ___ Homeowner (Check Applicable)

Name	Company Name	License Number	Expiration Date
Address (Street Number and Name)	City, State	Zip Code	
Phone Number (Include Area Code)	Fed. Emp. No. (Or Reason for Exemption)		
Email Address			

I, the undersigned, am applying for a temporary certificate of occupancy (C/O) under the terms outlined in SMBA's temporary C/O policy. I understand that I will be charged a bond fee, to be refunded ONLY if the stipulations listed on the temporary C/O form are completed within the time frame outlined within the document. I understand that SMBA is not obligated to issue a temporary C/O, and does so at their discretion. I understand that completing and submitting this form does not constitute the issuance of a temporary C/O.

Signature

Date

Print Name

SMBA Internal Use Only

Approved NOT Approved
Approved/Disapproved By _____ Initials

Temp CO Project Created in BD _____ Initials
Bond Collected: \$1000 \$5000 _____ Initials

Affix Project ID Sticker