



**COMMERCIAL SPECIAL INSPECTION / OCCUPANCY
CHECKLIST**
CITY OF NOVI
Community Development Department
(248) 347-0415

Date: _____

Permit # _____

Project Name: _____

Address: _____

Zoning District _____

Use & Occupancy Classification _____

The following items need to be addressed and verified for compliance before a Certificate of Occupancy can be issued for the above mentioned address:

Approved	Not Approved	Does Not Apply
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|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Zoning Compliance: The zoning district of the business needs to be verified to clarify that the business is allowed to be in that district per the Novi Code of Ordinances. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use and Occupancy Classification: The business use needs to be verified for compliance. Is the business actually allowed in the building based on Chapter 3 and Chapter 5 of the Michigan Building Code? Is the business required to have fire suppression or fire alarm systems installed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Lighting: Emergency lighting will need to be tested to verify that the emergency lights and their batteries are in sound working condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exit Signs: Exit Signage will need to be tested to verify that the exit lights, bulbs, and emergency power systems are in sound working condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Suppression Systems: An annual inspection report needs to be submitted for the fire suppression system from a <i>Licensed Fire Suppression Contractor</i> to certify that the fire suppression system is operational and meets minimum code requirements. <i>Please provide a copy of the annual inspection to the Building inspector at the time of inspection.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Alarm System: An annual inspection report needs to be submitted for the fire alarm system from a <i>Licensed Fire Alarm Contractor</i> to certify that the Fire Alarm system is operational and meets minimum code requirements. <i>Please provide a copy of the annual inspection to the Building inspector at the time of inspection.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Barrier Free Signage: Barrier free bathroom signage, tactile exit signage, and any other required barrier free signage needs to be installed in accordance with Chapter 11 of the Michigan Building Code. |

Approved	Not Approved	Does Not Apply
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|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. All required means of egress doors shall have illuminated and tactile exit signs as required in Chapter 10 of the Michigan Building Code. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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 electrical inspector, and any exposed open wiring needs to be properly terminated in an approved manner. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mechanical Systems: Mechanical HVAC systems, Kitchen Hood Systems, Grease Ducts, Outside Air See attached pages for mechanical system requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Agency Requirements: Is there a requirement from Oakland County Health Department, Michigan Department of Agriculture, or State of Michigan Fire Safety Division? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High Piled Combustible Storage: If any high rack storage is being utilized within the business it must meet the requirements of Chapter 23 of the 2006 International Fire Code. High piled combustible storage is storage that is greater than 12 feet in height. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Department Verification: The City of Novi Water Department needs to evaluate the use of the space and determine if any additional water and sewer tap fees are required due to the new occupancy. |

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

This list is not a complete list of all requirements for Special Inspections. 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 Special Inspection for Occupancy.

Signature of Business Owner: _____ Date: _____

Inspector Signature: _____ Date: _____



Mechanical Special Inspection 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 exchanger 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 that 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.
9. The smoke test must be witnessed by the City of Novi Mechanical Inspector.
10. A grease trap in the kitchen area must be cleaned out and cover off for inspection.
11. 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.

Paul Stiles

City of Novi Mechanical Inspector



Public Restroom Affidavit

In Accordance with Public Act 230 of 1972

Community Development Department
45175 West Ten Mile Rd
(248) 347-0415

Michigan State Plumbing Code Section 403.4 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. Public Access to Restrooms should 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.

Company Name (Print): _____

Address: _____

Company Representative (Print): _____

Company Representative (Signature): _____

Phone Number: _____ FAX# _____

STATE OF MICHIGAN)
)ss.
COUNTY OF OAKLAND)

Subscribed and sworn to before me this ____ day of _____, _____:

Notary Public _____ County,
Michigan.

My Commission Expires: _____