



Hamtramck City
 3401 Evaline
 Hamtramck, MI 48212
 Ph: 313-800-5233 Ext. 296

Building & Code Enforcement—Commercial Buildings

**RE-OCCUPATION APPLICATION
 YOU *MUST* FILL IN ALL FIELDS**

PROPERTY	<i>Address</i> _____ <i>Zoning District:</i> _____
	<i>Tax I.D. #</i> _____
PROPERTY OWNER	<i>Name</i> _____ <i>Ph</i> _____
	_____ <i>Fax</i> _____
	<i>Address</i> _____ <i>Email</i> _____ <i>Driver's License#</i> _____
NEW TENANT	<i>Business Name</i> _____ <i>Ph</i> _____
	_____ <i>Fax</i> _____
	<i>Type of Business</i> _____ <i>Email</i> _____
	<i>Days and Hours of Business</i> _____ <i>Number of Employees</i> _____
BUSINESS OWNER/ MANAGER	<i>Contact Name</i> _____ <i>Ph</i> _____
	_____ <i>Fax</i> _____
	<i>Address</i> _____ <i>Email</i> _____ <i>Driver's License#</i> _____

ITE IS UNLAWFUL TO USE OR OCCUPY A STRUCTURE WITHOUT A CERTIFICATE OF USE AND OCCUPANCY UNDER MICHIGAN COMPILED LAW 125.1513

FLOOD PLAIN

Yes No DNR-E Permit # _____ Approval _____

BUILDING SQUARE FOOTAGE _____ OCCUPANCY LOAD _____

PLEASE SUBMIT TWO (2) PLOT PLANS AND FLOOR PLANS INDICATING ANY PROPOSED CHANGES AND/OR PROPOSED DEMOLITION DRAWN TO SCALE. PLANS SHOULD BE PREPARED COMPETENTLY, AND DEPENDING ON THE EXTENTION OF WORK, MAY REQUIRE AN ARCHITECTURAL OR ENGINEERING SEAL. PLOT PLAN SHALL INCLUDE THE FOLLOWING; LOT LINES AND DIMENSIONS; BUILDING DEMENSIONS AND SETBACKS; SIDEWALKS; FENCES AND SCREENING WALLS; DUMPSTER LOCATION AND SCREENING; OUTDOOR LIGHTING; PROPOSED OUTDOOR STORAGE; PARKING; AND SIGNAGE. NOTE: NEW SIGNAGE WILL REQUIRE ADDITIONAL PERMITS.

BUILDING USE OPTIONS	
Existing/Previous Use: _____	
Proposed Use: _____	
USE-OCCUPANCY CLASSIFICATION	
<input type="checkbox"/> Vacant more than 6 months <input type="checkbox"/> A-1 Assembly, theaters <input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants <input type="checkbox"/> A-3 Assembly, rec centers, religious buildings <input type="checkbox"/> A-4 Assembly, indoor sporting facilities <input type="checkbox"/> A-5 Grandstands, stadiums, outdoor sporting events <input type="checkbox"/> B Business <input type="checkbox"/> E Educational <input type="checkbox"/> F-1 Factory and industrial, moderate hazard <input type="checkbox"/> F-2 Factory and industrial, low hazard <input type="checkbox"/> H-1 High hazard, detonation hazards <input type="checkbox"/> H-2 High hazard, deflagration hazards <input type="checkbox"/> H-3 High hazard, physical hazards <input type="checkbox"/> H-4 High hazard, health hazards	<input type="checkbox"/> H-5 Hazardous production materials <input type="checkbox"/> I-1 Institutional, supervised residential care <input type="checkbox"/> I-2 Institutional, incapacitated, hospital, nursing home <input type="checkbox"/> I-3 Institutional, restrained, prisons <input type="checkbox"/> M Mercantile <input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses <input type="checkbox"/> R-2 Residential, multiple-family, fraternity, sorority <input type="checkbox"/> R-3 Residential, 1 and 2 family and townhouses <input type="checkbox"/> R-4 Assisted living (6-16 occ.) <input type="checkbox"/> S-1 Storage, moderate hazard <input type="checkbox"/> S-2 Storage, low hazard <input type="checkbox"/> U Utility, miscellaneous, garages, fences, sheds <input type="checkbox"/> Mixed Uses _____
SUPPRESSION SYSTEM	
<input type="checkbox"/> NFPA-13 <input type="checkbox"/> NFPA-13R <input type="checkbox"/> NFPA-13D	<input type="checkbox"/> Limited Area <input type="checkbox"/> Range Hood <input type="checkbox"/> None
<input type="checkbox"/> Partial <input type="checkbox"/> Complete	
ALARM SYSTEM	
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic Detection <input type="checkbox"/> None	
<input type="checkbox"/> Partial <input type="checkbox"/> Complete	
<input type="checkbox"/> Single Use <input type="checkbox"/> Mixed Use - Separation Option: <input type="checkbox"/> Non-separated uses <input type="checkbox"/> Separated uses <input type="checkbox"/> Separate buildings	
ZONING	
Proposed Construction: <input type="checkbox"/> Interior Only <input type="checkbox"/> Exterior/Façade <input type="checkbox"/> Addition <input type="checkbox"/> None	
<i>To initiate a site planned project, contact the Building Department for additional applications/fees, escrow for Planning Consultant review, meeting dates and deadlines.</i>	
Signature of Property Owner: _____	Date: _____
OFFICE USE ONLY	
ZONING NOTES	
Zoning: _____	Use: _____
Front Yard: _____	Side: _____
Rear: _____	Side: _____
FEES	
Inspection Fee: _____	Escrow: _____
Plan Review Fee: _____	
BUILDING NOTES	
Notes: _____	
Approval: _____	Date: _____ C of O # _____