



إذا كانت هناك حاجة لخدمات الترجمة لإكمال أو فهم المستندات،  
يرجى الاتصال بمشرف القسم لطلب الإقامة

যদি নথি সম্পন্ন বা বোঝার জন্য অনুবাদ পরিষেবার  
প্রয়োজন হয়, অনুগ্রহ করে বাসস্থানের জন্য অনুরোধ  
করার জন্য বিভাগীয় প্রধানের সাথে যোগাযোগ করুন।

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

<b>PROPERTY</b>	<i>Address</i> _____ <i>Zoning District:</i> _____
	<i>Tax I.D. #</i> _____
<b>PROPERTY OWNER</b>	<i>Name</i> _____ <i>Ph</i> _____
	_____ <i>Fax</i> _____
	<i>Address</i> _____ <i>Email</i> _____ <i>Driver's License#</i> _____
<b>NEW TENANT</b>	<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> _____
<b>BUSINESS OWNER/ MANAGER</b>	<i>Contact Name</i> _____ <i>Ph</i> _____
	_____ <i>Fax</i> _____
	<i>Address</i> _____ <i>Email</i> _____ <i>Driver's License#</i> _____
<b>ITE IS UNLAWFUL TO USE OR OCCUPY A STRUCTURE WITHOUT A CERTIFICATE OF USE AND OCCUPANCY UNDER MICHIGAN COMPILED LAW 125.1513</b>	
<b>FLOOD PLAIN</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<b>BUILDING USE OPTIONS</b>	
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  <b>To initiate a site planned project, contact the Building Department for additional applications/fees, escrow for Planning Consultant review, meeting dates and deadlines.</b>	
Applicant is hereby notified that this re-occupancy application is strictly limited to the enforcement of state and local building code requirements, as required by MCL 125.1513. The issuance of a certificate of use and occupancy does not constitute approval of any other city, county, state or federal license or permits that are required for the applicant to use the building as desired. The issuance of a certificate of occupancy, re-occupancy certificate, does not create any vested right to any particular use of the building. The applicant agrees that it is performing the repairs and construction required for a certificate of occupancy or re-occupancy at its own risk and without any assurance that it will be granted all other approvals and licenses, whether city, county, state or federal, that are required to use the property as the applicant desires. All funds expended by the Applicant prior to obtaining all other required licenses, permits and approvals at is done at the applicant's own risk	
<b>Signature of Property Owner:</b> _____	<b>Date:</b> _____
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 # _____