



BUILDING – COMMERCIAL BUILDINGS
RE-OCCUPATION APPLICATION
YOU MUST FILL IN ALL FIELDS

Hamtramck City
3401 Evaline
Hamtramck, MI 48212
Ph: 313-800-5233 Ext. 814

It is unlawful to use or occupy a structure without a certificate of use & occupancy under Michigan compiled law 125.1513. Per Hamtramck City Ordinance 21-01, Chapter 121, §121.003, the City of Hamtramck is not accepting applications for any new Marijuana related businesses.

PROPERTY OWNER:

Address: _____

Property Owner's Name: _____

Phone: _____ E-mail: _____

BUSINESS OWNER/TENANT:

Business Name: _____

Type of Business: _____

Tenant Name: _____

Mailing Address/City/Zipcode: _____

Phone/Fax: _____ E-mail: _____

Open to the public: ☐ Yes ☐ No If yes, please inform days and hours: _____

Number of employees: _____ Are you relocating this Business in the city? ☐ Yes ☐ No

If yes, please provide address: _____

Check all that apply: ☐ Business Name Change ☐ Business Ownership Change
☐ New Tenant (Business) ☐ Relocating within City

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 EXTENSION OF WORK, MAY REQUIRE AN ARCHITECTURAL OR ENGINEERING SEAL. PLOT PLAN SHALL INCLUDE THE FOLLOWING: LOT LINES AND DIMENSIONS; BUILDING DIMENSIONS 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

Previous Use: _____

Proposed/New Use: (in detail) _____

নথিপত্র বা দলিল পত্র গুলি সম্পূর্ণ করতে বা বোঝার জন্য অনুবাদ পরিষেবার দরকার হলে অনুরোধ করতে বিভাগীয় প্রধানের সাথে যোগাযোগ করুন।

إذا كانت هناك حاجة إلى خدمة الترجمة لأكمال المستندات أو فهمها،الرجاء التواصل بإدارة القسم لطلب المساعدة

USE OCUPANCY CLASSIFICATION

- | | |
|---|---|
| <input type="checkbox"/> Vacant more than 6 months | <input type="checkbox"/> H-5 Hazardous production materials |
| <input type="checkbox"/> A-1 Assembly, Theaters | <input type="checkbox"/> I-1 Institutional, supervised residential care |
| <input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants | <input type="checkbox"/> I-2 Institutional, incapacitated, hospital, nursing home |
| <input type="checkbox"/> A-3 Assembly, rec centers, religious buildings | <input type="checkbox"/> I-3 Institutional, restrained, prisons |
| <input type="checkbox"/> A-4 Assembly, indoor sporting facilities | <input type="checkbox"/> M Mercantile |
| <input type="checkbox"/> A-5 Grandstands, stadiums, outdoor sporting events | <input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses |
| <input type="checkbox"/> B Business | <input type="checkbox"/> R-2 Residential, multiple-family, fraternity, sorority |
| <input type="checkbox"/> E Education | <input type="checkbox"/> R-3 Residential, 1 and 2 family and townhouses |
| <input type="checkbox"/> F-1 Factory and industrial, moderate hazard | <input type="checkbox"/> R-4 Assisted living (6-16 occ.) |
| <input type="checkbox"/> F-2 Factory and industrial, low hazard | <input type="checkbox"/> S-1 Storage, moderate hazard |
| <input type="checkbox"/> H-1 High hazard, detonation hazards | <input type="checkbox"/> S-2 Storage, low hazard |
| <input type="checkbox"/> H-2 High hazard, deflagration hazards | <input type="checkbox"/> U Utility, miscellaneous, garages, fences, sheds |
| <input type="checkbox"/> H-3 High hazard, physical hazards | <input type="checkbox"/> Mixed Uses _____ |
| <input type="checkbox"/> H-4 High hazard. health | |

SUPPRESSION SYSTEM

- | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> NFPA-13 | <input type="checkbox"/> Limited Area | <input type="checkbox"/> Partial |
| <input type="checkbox"/> NFPA-13R | <input type="checkbox"/> Range Hood | <input type="checkbox"/> Complete |
| <input type="checkbox"/> NFPA-13D | <input type="checkbox"/> None | |

ALARM SYSTEM

- ☐ Manual ☐ Automatic Detection ☐ None ☐ Partial ☐ Complete

ZONING

Proposed Construction: ☐ Interior Only ☐ Exterior/Façade ☐ Addition ☐ None

To initiate a site planned project, contact the Building Department for additional applications/fees, escrow for Planning Consultant review, meeting dates and deadlines.

Approval: _____ Date: _____

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 reoccupancy 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 done at the applicant's own risk.

Signature of Business Owner: _____ Date: _____

FEES

Building: \$300.00 Fire: \$100.00 Total: \$ 400.00

BUILDING NOTES

Notes: _____

Approval: _____ Date: _____ C of O #: _____