



Building Department

52700 Van Dyke Ave.
 Shelby Township, MI 48316-3572
 www.shelbytwp.org
 Phone: 586-731-5969
 Fax: 586-803-2099
 Email: building@shelbytwp.org

Application for Certificate of Zoning Compliance

AUTHORITY: Township Zoning Ordinance COMPLETION: Mandatory to obtain occupancy PENALTY: Occupancy will not be permitted INSPECTION FEE: \$ 75.00 CERTIFICATE FEE: \$ 75.00	For official use only <input type="checkbox"/> New Construction-SHELL ONLY <input type="checkbox"/> Currently occupying Tenant <input type="checkbox"/> New Construction <input type="checkbox"/> Change in Ownership Only <input type="checkbox"/> New Tenant Date application sent to Planning: _____ Parcel # 23-07-____-____-____
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PROJECT ADDRESS/BUSINESS NAME
Project Address
Name of Proposed Business

APPLICANT			
Name		Address	
City	State	Zip Code	Phone
Driver's License No.			Date of Birth
Applicant is: <input type="checkbox"/> Building Owner <input type="checkbox"/> Tenant		Email Address	

PROPERTY OWNER INFORMATION				<input type="checkbox"/> Check if same as applicant
Property Owner's Name		Address		
City	State	Zip Code	Phone	

PROJECT INFORMATION It is imperative that you clearly, and accurately, state all of the business activities proposed at the subject location(s). If it is determined that you are undertaking activities which are not declared in this document, the Certificate will be rendered null and void, and you will be subject to prosecution pursuant to Article 18 of the Township's Zoning Ordinance.
Former Use of Business Address

The proposed business will occupy: <input type="checkbox"/> single tenant space <input type="checkbox"/> combination of tenant spaces <input type="checkbox"/> entire building		
Do you plan to undertake any construction alterations or modifications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you applied for building, plumbing, mechanical and electrical permits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the proposed use of the space involve any of the following activities? (check all that apply)		
<input type="checkbox"/> Nail/hair salon	<input type="checkbox"/> Fireworks sales	<input type="checkbox"/> Cultivation of marijuana (separate application required)
<input type="checkbox"/> Motor vehicle storage/repair	<input type="checkbox"/> Massage therapy	<input type="checkbox"/> Smoking establishment/hookah lounge (separate license required)
<input type="checkbox"/> Fire arm sales	<input type="checkbox"/> Storage of hazardous materials	
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Spray applications, dipping, or coating processes	
<input type="checkbox"/> Medical offices/procedures	<input type="checkbox"/> Places of assembly/social club	
Is there any sign installation or modification of existing signage proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is any outdoor storage (<i>the keeping, in an unroofed area, of any goods, junk material, merchandise or vehicles in the same place for more than 24 hours</i>), or display, going to be utilized at the subject location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, completely describe.		
Describe the proposed use for the first floor:		
Amount of Square Footage:		
Is there a basement, cellar, or lower level, available, and accessible, to the proposed use? If yes, clearly describe proposed use.		
<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Amount of Square Footage:		
Is there a second level or mezzanine, available, and accessible, to the proposed use? If yes, clearly describe proposed use.		
<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Amount of Square Footage:		

APPLICANT ACKNOWLEDGEMENT OF ORDINANCE PROVISIONS		
You are not permitted to use, or occupy, the subject property until you are in possession of a Certificate of Zoning Compliance, and, in many cases, a Certificate of Occupancy. These Certificates will not be issued until all required inspections have first been completed and approved. In certain cases, where a change in use is proposed within a building or tenant space, a building permit is required to be issued and building or site improvements may be required.		
I have read and understand the above statement and hereby certify that I will comply. Further, I certify that the information set forth in the above application is accurate. I agree to schedule and consent to all inspections required as part of this application and review process. I have the property owner's permission to make this application and occupy the subject property.		
Applicant Signature	Date	Applicant Name – Printed or Typed

APPLICANT
PLEASE FILL OUT THE FOLLOWING COMPLETELY
SHELBY TOWNSHIP POLICE/FIRE DEPARTMENT
EMERGENCY CONTACT INFORMATION

BUSINESS INFORMATION	
Business Name	
Address	Phone
Alarm Company	Phone
Insurance Company (tenant)	Phone
Insurance Company (property owner)	Phone

EMERGENCY CONTACT – (MUST BE DIFFERENT THAN APPLICANT)			
Name		Address	
City	State	Zip Code	Phone
Title			
Special Instructions			

PLANNING DEPARTMENT REVIEW – For official use only	
Zoning District	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason/Conditions:	
Planner Signature	Date

POLICE DEPARTMENT REVIEW – For official use only		<input type="checkbox"/> Not applicable
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason:		
Police Department Representative Signature	Date	