

# CHARTER TOWNSHIP OF SHELBY - BUILDING DEPARTMENT

52700 Van Dyke, Shelby Township, MI 48316 Phone: (586) 731-5969 Fax: (586) 803-2099

## APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

AUTHORITY: Township Zoning Ordinance COMPLETION: Mandatory to obtain occupancy PENALTY: Occupancy will not be permitted	The department will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.
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### PROJECT INFORMATION

Address of Proposed Business	Name of Complex, if any
Full Name of Proposed Business	Business Phone (If known)

### APPLICANT INFORMATION

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 INFORMATION

Former Use of Business Address	Full Name of Building Owner		
Building Owner's Address			
City	State	Zip Code	Phone
Proposed Use of Business Address: <input type="checkbox"/> Office <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Warehouse			

Zoning District Classification: (Filled in by Shelby Planner)

Will the proposed business occupy a single tenant space, a combination of tenant spaces, or an entire building?
Will any construction be undertaken and/or modifications made to the electrical, plumbing or mechanical systems in conjunction with the proposed occupancy?  If so, what?
Is there any sign installation or modification of existing signage proposed?  If so, what?

**PLEASE FILL OUT THE FOLLOWING COMPLETELY**

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

**PROVIDE SQUARE FOOTAGE BREAKDOWN OF ALL USE(S) PROPOSED ON PREMISES**

(PLEASE PRINT ANSWERS CLEARLY OR TYPE)

Is any outdoor storage, or display, going to be utilized at the subject location? If yes, completely describe

Is there a basement, cellar, or lower level, available, and accessible, to the proposed use? If yes, clearly describe any proposed use(s) of that space:

Amount of Square Footage:

Describe the proposed use for the first floor:

Amount of Square Footage:

Is there a second floor area available and accessible, to the proposed use?  
If yes, clearly describe any proposed use(s) of that space:

Amount of such square footage:

Is there a third floor area available and accessible, to the proposed use?  
If yes, clearly describe any proposed use(s) of that space:

Amount of such square footage:

**APPLICANT  
PLEASE FILL OUT THE FOLLOWING COMPLETELY**

**SHELBY TOWNSHIP POLICE DEPARTMENT BUSINESS EMERGENCY  
PHONE NUMBERS**

Business Name		
Address		
City	State	Zip
Business Phone:		
Alarm Company:		Phone:
Contact:	Title:	
Address:		
City:	State:	Zip:
Phone:		
Contact:	Title:	
Address:		
City:	State:	Zip:
Phone:		

**NOTICE TO APPLICANT**

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.

The undersigned hereby certifies that the information set forth in the above application is accurate, and that he (she, they) has (have) read, and completely understands the above notice. It is further understood, by the undersigned, that any building code use group change, from the former approved use, requires permits, inspections and approvals, which include, but are not limited to, building, plumbing, heating, electrical, refrigeration, and Fire Department issues, regulated by the applicable code(s).

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature



**TO BE COMPLETED BY PLANNING COORDINATOR**

Is the proposed use, as described, permitted in the Zoning District Classification indicated?

\_\_\_\_\_  
(Yes/No)

If no, please describe, in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Planning Coordinator