



**Macomb Township Building Department**

**54111 Broughton Rd., Macomb MI 48042 (586) 992-0710 X2**  
**APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE**  
**SEE INSTRUCTIONS ON REVERSE**

This application must be approved prior to the establishment of a new use in any commercial, industrial or office zoning district. An approved application confirms that the proposed use described is legally permitted to be established at this location. **\*A \$250 non-refundable fee is due with this application\*.**

**NOTE: ALL SIGNS (NEW OR REFACED) MUST HAVE PROPER APPROVALS BEFORE INSTALLATION**

**PROPOSED NAME OF BUSINESS:** \_\_\_\_\_

**PARCEL I.D. #: 08-** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ **SUITE# (if applicable):** \_\_\_\_\_

**NAME OF SHOPPING CENTER or INDUSTRIAL COMPLEX:** \_\_\_\_\_

**EXISTING ZONING:** \_\_\_\_\_ **BUSINESS TYPE:** Industrial \_\_\_ Commercial \_\_\_ Office \_\_\_

**APPLICANT INFORMATION:**

**NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Choose one:** \_\_\_ Business Owner \_\_\_ Landlord \_\_\_ Real Estate Broker \_\_\_ Other \_\_\_\_\_

**If Applicant is other than Business Owner, please provide:**

**Business Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PROPOSED USE:**

\_\_\_ Warehousing (storage) \_\_\_ Office \_\_\_ Retail \_\_\_ Personal Services \_\_\_ Assembly \_\_\_ Institutional  
 \_\_\_ Food & Beverage Service \_\_\_ Public Use \_\_\_ Other: \_\_\_\_\_  
 (Describe in detail)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ # of Employees ON Site per work shift \_\_\_\_\_ # of Vehicles ON Site per work shift

**Physical Alterations / Construction to the Building:** \_\_\_ WILL be made \_\_\_ WILL NOT be made

**NOTE: A Building Permit is required for ALL Alterations to the Building and/or Property**

**CHECK ALL THAT APPLY:** \_\_\_ Business Name Change \_\_\_ Ownership Change \_\_\_ New Tenant

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Certificate of Zoning Compliance Instructions & Procedures  
INDUSTRIAL / COMMERCIAL / OFFICE**

**A Certificate of Zoning Compliance must be completed for the following:**

- A new business in an existing structure
- An existing business is relocating to a different building within the complex
- An existing business is moving to a new suite within the building or enlarging current space
- Existing business changes business name, use remains the same
- Existing business changes ownership, use remains the same

**SUBMIT to the Building Department:**

1. THIS completed & signed form
2. ONE copy of lease or rental agreement for this property
3. FIVE copies of the exterior site plan
4. FIVE copies of the interior floor layout
5. REVIEW FEE PAYMENT IN THE AMOUNT OF **\$250.00**

**PAYABLE TO "Macomb Township Treasurer". FEES ARE NON-REFUNDABLE**

The Compliance approval process will take between 5 and 7 working days. The Building Department will contact the applicant when the Certificate of Zoning Compliance is approved.

**A CERTIFICATE OF OCCUPANCY MUST THEN BE OBTAINED**

After the approval of the Certificate of Zoning Compliance, you must submit a completed Building Permit Application to Building Department. Schedule an inspection with Building and Inspection Services in person or by calling (586) 992-0710 x 2. Upon approval of required inspections a Certificate of Occupancy will be issued for your business.

**IT SHALL BE UNLAWFUL TO PERMIT THE OCCUPANCY OF ANY BUILDING OR SPACE  
UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED FOR SUCH USE.**

**DIRECTOR COMMENTS: 1) A Certificate of Zoning Compliance must be approved PRIOR to applying for a Certificate of Occupancy 2) ALL SIGNS MUST BE APPROVED BY PLANNING/ZONING.**

**BUILDING DEPT. OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE**

(BUILDING DEPT - Initial Upon Receipt)

<input type="checkbox"/> COMPLETED APPLICATION	<input type="checkbox"/> FIVE COPIES OF SITE PLAN
<input type="checkbox"/> PAYMENT RECEIVED	<input type="checkbox"/> FIVE COPIES OF FLOOR PLAN
<input type="checkbox"/> COPY OF LEASE ATTACHED	

**DEPARTMENTAL REVEIWS COMPLETED: (BUILDING DEPT - Initial & check one)**

<input type="checkbox"/> <b>ASSESSING:</b> <input type="checkbox"/> Approved, No Comments <input type="checkbox"/> Approved, With Comments <input type="checkbox"/> Not Approved, See Attached Comments	<input type="checkbox"/> <b>CLERK</b> <input type="checkbox"/> Approved, No Comments <input type="checkbox"/> Approved, With Comments <input type="checkbox"/> Not Approved, see Attached Comments
<input type="checkbox"/> <b>PLANNING</b> <input type="checkbox"/> Approved, No Comments <input type="checkbox"/> Approved, With Comments <input type="checkbox"/> Not Approved, see Attached Comments	<input type="checkbox"/> <b>BUILDING</b> <input type="checkbox"/> Approved, No Comments <input type="checkbox"/> Approved, With Comments <input type="checkbox"/> Not Approved, see Attached Comments
<input type="checkbox"/> <b>FIRE</b> <input type="checkbox"/> Approved, No Comments <input type="checkbox"/> Approved, With Comments <input type="checkbox"/> Not Approved, see Attached Comments	<input type="checkbox"/> <b>SUPERVISOR (as required)</b> <input type="checkbox"/> Approved, No Comments <input type="checkbox"/> Approved, With Comments <input type="checkbox"/> Not Approved, see Attached Comments