



Department of Planning and Development  
Building 'Use' Change Form  
1499 E West Maple, Walled Lake, MI 48390  
248-624-4847 Fax 248-624-1616

**For Department Use Only** \_\_\_\_\_  
Fee(s) \_\_\_\_\_

## BUILDING 'USE' CHANGE FORM

DATE \_\_\_\_\_ SITE ADDRESS \_\_\_\_\_

The Building Code of the State of Michigan has different code requirements for different types of building uses. Each building, upon completion of construction, must receive a 'Change of Occupancy' from the City Building Official certifying, essentially, that the building is approved for the intended use(s).

Should the intended use of the building change (e.g. different tenant with a different business), the City's Building Official, Zoning Administrator and Fire Marshall must review the building plans and zoning requirements to determine if the revised use of the building meets minimum requirements for that particular use or if an adjustment to the building or zoning is needed.

This form is a request for a building use review and approval from the City's Building Official, Zoning Administrator and City's Fire Marshall.

### 1. Owner Information

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### 2. Tenant Information (if applicable)

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

### 3. Building Use Information

Current Certificate of Occupancy Use: \_\_\_\_\_  
Requested Building/Space Use: \_\_\_\_\_  
Square footage to be occupied: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_  
For Emergency Purposes Average Number of Employees/Customers on site at any time: \_\_\_\_\_  
Contact Name/Number: \_\_\_\_\_  
After Hours Contact Name/Number: \_\_\_\_\_  
Types of products sold/used: \_\_\_\_\_  
Names of hazardous or potentially hazardous materials (attach a separate sheet if necessary): \_\_\_\_\_  
Copy of Lease Agreement is attached.

**Please Note: Additional Information May Be Needed**

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The approval of the above use and occupancy change(s) is limited to those described above, and any further change, expansion or addition from the approved use(s) is expressly prohibited. Prior to any change in use or occupancy, the owner and/or applicant shall obtain a fire safety inspection and general building special inspection from the City.

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

\_\_\_\_\_  
Property Owner Signature Date

|  |            |
|--|------------|
| <b>For Department Use: Per all City Codes and Ordinances; the adopted Michigan Residential Code, and the adopted Michigan Building Code.</b> |            |
| Approved/Not Approved by _____<br>Planning/Zoning  | Date _____ |
| Approved/Not Approved by _____<br>Building   | Date _____ |
| Approved/Not Approved by _____<br>Fire Department  | Date _____ |