



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) _____
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Building "Use" Change Form

Date: _____ Site Address: _____

The Building Code of the State of Michigan has different 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

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): _____

Please be sure to include:

- Copy of Lease Agreement is attached* _____
- Drawing of Floor Plan for Unit is attached* _____
- Drawing indicating location of unit/suite within the building is attached* _____

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

For Department Use: Per all City Codes and Ordinances; the adopted Michigan Residential Code, and the adopted Michigan Building Code.

Approved/Not Approved by _____ Date: _____

Planning/Zoning

Approved/Not Approved by _____ Date: _____

Building

Approved/Not Approved by _____ Date: _____

Fire Department

Approved/Not Approved by _____ Date: _____

DPW Water Division (*cross connections/meter*)



CITY OF WALLED LAKE

POLICE DEPARTMENT



1499 East West Maple Road
Walled Lake, Michigan 48390
Dispatch: (248) 624-3111 · Administration: (248) 624-3120 · Fax: (248) 960-8898
www.walledlake.com

Dear Walled Lake Business Owner:

Please take a moment to provide us with your company's emergency contact information. Should a situation arise, we may need to reach someone after hours. Feel free to photocopy the blank form so that you may update us anytime there is a change. You can forward the completed form to the Walled Lake Police Department at the address above. For your convenience, you may also fax it to us at (248) 669-6435 or email wlpd-info@walledlake.com.

Thank you for helping us keep Walled Lake safe.

Sincerely,

Paul J. Shakinis
Chief of Police

Date _____

Business Name _____

Address _____ Phone (____) _____ - _____

Business Website _____

Business Email _____

Business Owner _____ Phone (____) _____ - _____

Key Holder #1 _____ Phone (____) _____ - _____

Key Holder #2 _____ Phone (____) _____ - _____

Alarm Company Name _____ Phone (____) _____ - _____

Property Owner _____ Phone (____) _____ - _____

Serving the Community