

Application # _____



Bloomfield Township
P.O. Box 489
4200 Telegraph
Bloomfield Hills, MI 48303-0489
Phone (248) 433-7715 Fax: 433-7729
Inspection Line (248) 594-2818
Website: <http://www.bloomfieldtwp.org>

Permit # _____

Application Date _____

Issue Date _____

APPLICATION FOR CHANGE OF OCCUPANCY
(Existing Structure)

Please print or type

Address of Building _____ Sidwell # _____

Occupant/Tenant Name _____ Contact Name _____

Email _____ Telephone () _____ Fax () _____

Corporate Address _____ City _____ State _____

Zip _____ Contact Name _____ Telephone () _____

Emergency Contact Name _____ Telephone () _____

Current Zoning of Building _____ Prior Use _____ Proposed Use _____

- *Please provide proposed floor plan including arrangement of furniture.*
- *Please complete Emergency Business Contact information for the Police Department. (see attached)*

Number of Occupants/employees proposed _____ Gross Square footage of building _____

Number of parking places provided _____ Hours of Operation _____

Interior/Exterior construction changes proposed: *Yes No

Changes in signage proposed: Yes No

**Additional reviews and approvals may be required for exterior changes to the building. Architectural, engineering, and proposed sign plans will be required prior to issuance of permits for any interior and/or exterior alterations to the existing building.*

Tenant Signature: _____ Date: _____

I, the undersigned and owner of the building, do hereby acknowledge that I am aware of the Bloomfield Township Code of Ordinances relating to property maintenance, signage and litter, and further I understand that if I, or my tenant violate any part of the Code of Ordinances, I may receive a ticket with fines up to \$500 for each violation.

Owner Signature: _____ Date: _____