

Use Permit/ Fire Prevention Information

Permit Number: PU

Business/ Property Information:

Business Name: _____ Email Address: _____

Business Address: _____

Applicant Name: _____ Driver's License #: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Owner/ Landlord/ Management Company Information:

Owner/ Landlord/ Management Name: _____

Owner/Landlord/Management Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Use Information:

Proposed Use: Commercial Industrial Office Other: _____

Describe Proposed Use (Be Specific):

Is this an: Proposed Construction Existing Building- Business Name: _____ Use: _____

If a proposed construction has final site plan approval- granted by the Planning Department?

Yes, if so Provide Site Review Number: PSP _____ - _____

No

Are interior renovations proposed:

Yes, if so please describe: _____

No

Are exterior renovations proposed:

Yes, if so please describe: _____

No

Make sure to complete second page -->

Building Information:

If proposed use is manufacturing, what is being manufactured? Is plastic involved in the manufacturing?

If proposed use is warehouse, what will be stored?

Will hazardous materials be stored or used within the building?

If yes, provide a report prepared by a qualified person identifying the maximum expected quantities of hazardous materials to be stored or used in and open or closed system and subdivided to separately address hazardous material classification categories based on tables 307.1 (1) and 307.1 (2) of the Michigan Building Code.

Is high piled storage proposed? _____

High piled storage (combustible materials stored in racks, shelves where the top of storage exceeds 12 feet or high hazard commodities such as tires, plastics, flammable liquids, idle pallets where the top of storage exceeds 6 feet.

Emergency Contacts:

Primary Contact Name: _____ Relation: _____

Cell Phone Number: _____ Email: _____

Second Contact Name: _____ Relation: _____

Cell Phone Number: _____ Email: _____

Applicant Signature: _____ **Date:** _____