



ZONING DETERMINATION REQUEST

Following ZDR approval by the City, **YOU MUST APPLY FOR A CERTIFICATE OF OCCUPANCY.**

PROPERTY ADDRESS: _____

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ CELL: _____

EMAIL: _____

PROPERTY OWNER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ CELL/PHONE _____

DETAILED DESCRIPTION OF PROPOSED USE:

NUMBER OF EMPLOYEES _____

NUMBER OF PARKING SPACES ON SITE _____

APPROVED PLANS AND PERMITS ARE REQUIRED PRIOR TO ALTERATIONS OR CONSTRUCTION

FOR OFFICE USE ONLY

Date of Request _____

Zoning Classification _____

Determination Made By _____

Business Registration Required _____

Use Allowed YES ___ NO ___

Certificate of Occupancy Required _____

Notification Date _____

Submit to Oakland County Health Dept. _____

Notified By _____

Ordinance 918 Application Required _____

REMARKS:

