



CITY OF OWOSSO
 301 W. Main Street, Owosso, Michigan 48867
 Phone (989)725-0535 Fax (989)725-0546
 E-mail: building@ci.owosso.mi.us

\$50 Application Fee

ZONING COMPLIANCE APPLICATION

TO ESTABLISH A NEW BUSINESS IN AN EXISTING BUILDING

Please fill out the application completely, sign and date below, and return to the City of Owosso Building & Zoning Department at the address above.

APPLICANT

Name:	
Address:	City, State, Zip:
Phone:	E-Mail:

PROPERTY OWNER Check box only if Property Owner is the same as the Applicant

Name:	
Address:	City, State, Zip:
Phone:	E-Mail:

NEW BUSINESS INFORMATION

Business Name:
Location Address:
Proposed Use/Type of Business:

Owner/Agent: _____ Date: _____
 Signature signifies full knowledge of Requirements

OFFICIAL USE ONLY

Property Tax ID Number: 050-_____ Zoning District: _____

I hereby certify that I have reviewed the plans for the purpose of zoning compliance only, not for construction.

Existing legal non-conformities: NO/YES: _____

Zoning Compliance Application: Approved _____ Denied _____

Remarks: _____

 Zoning Official Date



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ZONING COMPLIANCE NEW BUSINESS CHECK LIST

	Business Address: _____ Zoning District: _____
	Is new business an allowable use within the district?
	Is the principal use subject to special conditions? (If YES, requires Planning Commission approval)
	Building Maintenance/General Maintenance Inspection: <ul style="list-style-type: none"> • Ceilings • Exterior and interior building conditions • Floors – condition of and trip hazards • Service Counters – barrier free service area • Walls
	Electrical Maintenance: <ul style="list-style-type: none"> • Emergency egress lighting • Exit Signs • General maintenance of all electrical • Lighting • Missing fixtures • Missing cover plates
	Fire Extinguishers: <ul style="list-style-type: none"> • Number of and locations • All extinguishers require a yearly inspection and tags providing dates of inspection, expiration, etc.
	Mechanical: <ul style="list-style-type: none"> • If Fire Suppression – certification of inspection from building owners • HVAC type heating and conditions of (includes air conditioning if present) • All mechanical equipment present
	Plumbing: <ul style="list-style-type: none"> • Assure acceptable condition for required use • Drinking Fountain – check working order • Existing conditions • Slop sink – required in most cases – often found in storage room, backroom or closet
	Restrooms: <ul style="list-style-type: none"> • Barrier Free • All hardware including door handles, locks, signage, fixtures, grab bars/location and overall working order • PLEASE NOTE: Number of restrooms determined by the occupancy/use of this unit. Existing restroom(s) were constructed as required for uses/occupants.
	Maintenance work only was performed as to prep for new occupant
	Permits required for any work performed that requires a Building and/or Trades permits

NOTE: Construction plans may be required for any work performed under a permit.

NOTE: This list only points out certain items that are required to be reviewed as part of this approval for issuance of the required Certificate of Occupancy.

Remarks:
