



City of Owosso Building Department  
301 W. Main St. Owosso, MI 48867  
989-725-0535 building@ci.owosso.mi.us

**ESTABLISH A NEW BUSINESS in an  
EXISTING BUILDING  
ZONING COMPLIANCE  
\$50 application fee**

**PROPERTY ADDRESS:**

**PROPERTY OWNER INFORMATION:**

Name:

Address:

Phone Number:

Cell:

E-mail:

**APPLICANT INFORMATION: (if not property owner)**

Name:

Company Name:

Address:

Phone Number:

Cell:

E-mail:

**NEW BUSINESS INFORMATION:**

Business Name:

Location address of business:

Proposed use/type of business:

**Applicant/Owner Signature:**

**Date:**

**OFFICE USE ONLY**

Property Tax ID Number:

Zoning district:

Existing legal non-conformities:                      YES    NO

If yes, details:

New business:                      APPROVED                      DENIED

Remarks:

**I hereby certify that I have reviewed the plans for the purpose of a new business only, (located in an existing building) and not for construction.**

**Zoning Official signature:**

**Date:**

<b>ESTABLISH A NEW BUSINESS (IN AN EXISTING BUILDING) CHECKLIST</b>
1. Business address:
2. Zoning district:
3. In new business an allowable use within the district?
4. Is the principal use subject to special conditions? (if yes, requires Planning Commission approval)
5. Building maintenance/general maintenance inspection:
o Ceilings
o Exterior building conditions
o Interior building conditions
o Floors-condition of/trip hazards
o Service counters-barrier free service area
o Walls
6. Electrical maintenance
o Emergency egress lighting
o Exit signs
o General maintenance of all electrical
o Lighting
o Missing fixtures
o Missing cover plates
7. Fire extinguishers:
o Number of and locations
o All extinguishers require a yearly inspection and tags providing dates of inspection, expiration, etc.
8. Mechanical:
o If fire suppression, certification of inspection from building owners
o HVAC type heating and conditions of (includes air conditioning if present)
o All mechanical equipment present
9. Plumbing:
o Assure acceptable condition for required use
o Drinking fountain-check working order
o Existing conditions
o Slop sink-required in most cases-often found in storage room, backroom or closet
10. Restrooms:
o Barrier free
o All hardware including door handles, locks, signage, fixtures, grab bars/location and overall working order
o NOTE: number of restrooms id determined by the occupancy/use of this unit. Existing restroom(s) were constructed as required for uses/occupants
11. Maintenance work only was performed as to prep for new occupant
12. Permits required for any work performed that requires a building and/or trades permits
13. Construction plans may be required for any work performed under a permit
14. 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
15. Additional remarks: