COMMUNITY DEVELOPMENT
BUILDING/INSPECTION DIVISION
4550 Walnut Lake Road
West Bloomfield, MI 48325
(248) 451-4842 Phone
(248) 451-4871 Facsimile
(248) 451-4858 24 hour Inspection Line
www.wbtwp.com

OFFICE USE ONLY
Permit #:
TR #:

CHANGE OF OCCUPANCY PERMIT APPLICATION

BUSINESS INFORMATION *All Change of Occupancy Inspections Are Done On Tuesdays or Thursdays Only At 10:00AM*	Name:	Phone:
	Plaza Name:	Sidwell No.:
	Address:	Email:
	Name and Description of Proposed Business:	
APPLICANT INFORMATION	Name:	Phone:
	Address:	Email:
	City, State, Zip Code	
	Is the applicant the property owner? ☐ Yes ☐ No If no, applicant must complete Property Owner Information below.	
PROPERTY OWNER INFORMATION	*Complete this section if applicant is not the property owner*	
	Name:	Phone:
	Address:	Email:
	City, State, Zip Code	
BUILDING USE GROUP CLASSIFICATION *For all questions and requirements, contact Community Development Department at 248-451-4842* *Signage questions: Planning Department 248-451-4876*	☐ Assembly "A" ☐ Business "B" ☐ Educational "E" ☐ Factory/Industrial "F" ☐ High Hazard "H" ☐ Institutional "I" ☐ Mercantile "M" ☐ Residential "R" ☐ Storage "S" ☐ Utility	
	Square Footage _____ Occupant Load _____	
	Does the Building Have a Fire Suppression System: ☐ Yes ☐ No	
	Does the Building Have a Fire Alarm System: ☐ Yes ☐ No	
	Will the Proposed New Business Be Installing New Sign: ☐ Yes ☐ No Will the Proposed New Business Be Modifying An Existing Sign: ☐ Yes ☐ No	
FEES	Change of Occupancy Fee $ 325.00	
ADDITIONAL DOCUMENTS **SUBMIT WITH APPLICATION**	**I have attached the following** (incomplete application, including missing documents are not accepted) ☐ Completed Application ☐ Property Owner Authorization ☐ Detailed Plan Showing Layout (4 Sets) ☐ Appropriate Fees ☐ Occupant Load ☐ Square Footage	
	Applicant Signature:	**Date:**