

Application Date _____



Bloomfield Township
P.O. Box 489
4200 Telegraph
Bloomfield Hills, MI 48303-0489
Phone (248) 433-7715 Fax: 433-7729
Inspection Requests: www.bsaonline.com
Website: <http://www.bloomfieldtwpmi.gov>

Permit # _____

APPLICATION FOR CHANGE OF OCCUPANCY
(Existing Structure)

Please print or type

Address of Building _____ Suite # _____

Occupant/Tenant Name _____ Contact Name _____

Email _____ Telephone () _____ Fax () _____

Corporate Address _____ City _____ State _____

Zip _____ Contact Name _____ Telephone () _____

Emergency Contact Name _____ Telephone () _____

Current Zoning of Building _____ Prior Use _____ Proposed Use _____

- Please provide proposed floor plan including arrangement of furniture & all rooms labeled for their use
- Please complete Emergency Business Contact information for the Police Department. (see attached)

Number of Occupants/employees proposed _____ Gross Square footage of building _____

Number of parking places provided _____ Gross Square footage of use space _____

Interior/Exterior construction changes proposed: ☐ *Yes ☐ No

Changes in signage proposed: ☐ Yes ☐ No

**Additional reviews and approvals may be required for exterior changes to the building. Architectural, engineering, and proposed sign plans will be required prior to issuance of permits for any interior and/or exterior alterations to the existing building.*

Tenant Signature: _____ Date: _____

I, the undersigned and owner of the building, do hereby acknowledge that I am aware of the Bloomfield Township Code of Ordinances relating to property maintenance, signage and litter, and further I understand that if I, or my tenant violate any part of the Code of Ordinances, I may receive a ticket with fines up to \$500 for each violation.

Owner Signature: _____ Date: _____



Bloomfield Township Police Department Emergency Contact Information

Name of Business _____

Address _____

Business Phone _____ Alternate _____

Name of Business Owner _____

Business Owner Home Phone _____ Cell _____

Business Owner Email Address _____

Person (s) to Contact in Case of Emergency

(We will contact in this order, if possible, until contact is made)

Name _____ Title _____ Phone _____

Cell _____

Name _____ Title _____ Phone _____

Cell _____

Name _____ Title _____ Phone _____

Cell _____

Property Management Company (if applicable) _____

Property Management Business Phone _____ After Hrs. _____

Alarm Company _____ Phone Number _____

Additional Information

**PLEASE NOTIFY US IF THERE IS ANY CHANGE IN THE ABOVE INFORMATION. FOR GREATER
CONVIENCE, PLEASE MAKE A COPY OF THIS FORM FOR THAT PURPOSE.**

This form can be delivered in one of the following ways:

Attention: Meg Fouss

Mail: 4200 Telegraph, Bloomfield Hills, MI 48302

Fax: 248-433-7785

Email: mfouss@bloomfieldtwp.org