CITY OF DEARBORN

Home Town of Henry Ford

Economic and Community Development Department

Commercial Services Division

APPLICATION TO OBTAIN A COMMERCIAL CERTIFICATE OF OCCUPANCY (RE-OCCUPANCY APPLICATION)

BUILDING/TENANT SPACE TO BE BUILT/RENOVATED

The City of Dearborn requires that an inspection be completed of all Commercial property prior to any use change and/or occupancy by new parties. An application must be filed by the applicant requesting the change AND the current property owner. The current property owner must acknowledge the change by signing the required application in front of a licensed notary. This also acknowledges that the City of Dearborn holds the owner responsible for correcting ALL code violations noted by City Inspectors during their inspections. A Certificate Of Occupancy will not be issued until the renovations are completed and approved by City Inspectors.

Application Checklist

- ☐ **Completed Application**
- ☐ **Copy of Tenant/Applicants Drivers License**
- ☐ **Copy of Property Owners Drivers License**
- ☐ **Proof of Property Ownership (Copy of Deed) may be required IF the name on record does not match your application**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED

If the staff evaluation indicates that the proposed project meets the requirements of the zoning ordinance, the application the applicant than can submit commercial renovation plans for permit review.
For zoning questions, please email Tom Paison at: tpaison@ci.dearborn.mi.us

We are here to assist you in this process. If you have any questions or concerns, please contact
The Department Specialist, at (313) 943-2421

IMPORTANT! PLEASE READ! ALL REQUIREMENTS MUST BE MET!

⇒***Applicant must correctly fill in all blanks, please type when possible or print legibly in ink***
⇒***The current property owner must sign the form , provide a copy of their drivers license , provide proof of ownership if needed (copy of the deed) and have the form notarized***
⇒***Note: a copy of the applicants drivers license can be taken when application is accepted***

COMMERCIAL SERVICES
(313) 943-2421

Case # _____

APPLICATION TO OBTAIN A COMMERCIAL CERTIFICATE OF OCCUPANCY

This application must be used to obtain a Certificate of Occupancy. This application serves as the consent of the applicant to make inquiries at the proposed business address listed. This application and subsequent inspection report are applicable to the applicant and proposed business only, it is NOT transferable.

PROPOSED BUSINESS INFORMATION: Today's Date _____

Business Name to appear on Certificate of Occupancy: _____
Address of Building to be Inspected _____ DEARBORN, ZIP CODE _____
Type of business you are opening? _____ Previous Use of Building?_____
Number of Parking Spaces assigned to this address? _____ Is The Building Currently Vacant? YES / NO / UKNOWN
Does Building Currently Have Fire Sprinklers? YES/ NO Does Building Currently Have Fire Alarm? YES / NO
Will you need to renovate the INTERIOR of this space before you can open for business? YES / NO
Will you need to renovate the EXTERIOR of the building before you can open for business? YES / NO
Do you have sealed plans (prepared by an architect/engineer) drawn and ready for review? YES / NO
Will Food or Beverage be Served? YES / NO Are There Multiple Lease Spaces in Building? YES / NO
Have you met with the zoning administrator for zoning approval? YES / NO Sq. Footage of Proposed Space? _____ft.

Contact Name : _____ **Phone Number: ( )** _____

APPLICANT INFORMATION (TENANT):

Business Owner (Print Your Name) _____ Phone # _____
LLC/Incorporated/Company Name if applicable _____
Your Home/Company Address _____ City _____ St _____ Zip _____
Email address: _____

_____ _____ _____
Drivers License Number Date of Birth Signature of Applicant/Business Owner

Notary Information: I hereby certify that the information given herein is correct and true. Subscribed and sworn to before me

this _____day of _____201_ _____ _____
Notary Signature Notary Public Stamp Or Seal

CURRENT PROPERTY OWNER INFORMATION:

Current Property Owner/Agent (Print Your Personal Name) _____ Phone # _____
LLC/Incorporated/Company Name if applicable _____
Your Home/Company Address _____ City _____ St _____ Zip _____
Email address: _____

NOTE! IT IS THE PROPERTY OWNERS RESPONSIBILITY TO PROVIDE PROOF OF OWNERSHIP AND A VALID DRIVERS LICENSE PHOTO WITH THIS APPLICATION!

*By signing this application the owner gives the right to inspect the property and accepts responsibility for **ALL** corrections of all code violations cited in the inspection reports.*

_____ _____ _____
Drivers License Number Date of Birth Signature of Property Owner

Notary Information: I hereby certify that the information given herein is correct and true. Subscribed and sworn to before me

this _____day of _____201_ _____ _____
Notary Signature Notary Public Stamp Or Seal

Parcel I.D. # _____ Current Zoning Code: _____
Department Notes: _____

Zoning Notes: _____

Office Use Only: Accepted by: _____Date received _____ Amt Received : NO FEE REQUIRED—PLANS TO BE SUBMITTED