



7550 Auburn Rd, Utica, MI 48317
586-739-1600 • fax 586-739-2867
cityofutica.org

ZONING ORDINANCE APPLICATION (CHANGE OF OCCUPANCY/USE)

CODE OF ORDINANCES: ARTICLE XXI | SECTION 2104

<u>Change of Occupancy/Use</u>	\$430.00 <i>includes Fire & Building Department inspections (Building, Plumbing, Mechanical & Electrical).</i>
<u>New Business Registration</u>	\$50.00 \$40.00 renewal <i>after initial year</i>
<u>Alarm Registration</u>	\$25.00 one time fee

- ✓ All forms must be completed and turned in with a site sketch, where appropriate, and floor plan of your proposed place of business and payment for all fees listed above. Checks are made payable to the "City of Utica".
- ✓ Alarm registration form must be completed whether there is an alarm or not. The fee is only payable if there is an alarm.
- ✓ A copy of the Business Owner's driver's license is required.
- ✓ Maintenance certificates must be on site or submitted to the Building Department prior to any inspections. This includes all Mechanical/Plumbing inspection reports.

If the Change of Occupancy/Use must be reviewed by the Planning Commission, there will be additional charges.



CHANGE OF OCCUPANCY/USE PROCEDURE

1. PLEASE COMPLETE THIS APPLICATION AND SUBMIT TO CITY OF UTICA BUILDING DEPARTMENT WITH ALL REQUIRED DOCUMENTATION (see page 1 of this packet).
THIS APPLICATION MUST BE FILLED OUT COMPLETELY.

2. SCHEDULE INSPECTIONS. IN MOST CASES, THE FOLLOWING INSPECTIONS ARE REQUIRED:
 3. **BUILDING**
Inspector Gerard E. Hicks: Mon-Wed | noon-4pm inspection window

 - MECHANICAL**
Inspector Tim Israel: Tues & Thurs | 8am-noon inspection window

 - PLUMBING**
Inspector Tim Israel: Tues & Thurs | 8am-noon inspection window

 - ELECTRICAL**
Inspector Rick Thomas: Tues-Thurs | 4:30p-6:30p inspection window

 - FIRE**
Utica Fire Inspectors will contact to schedule.

4. ANY VIOLATIONS FOUND DURING INSPECTIONS ARE REQUIRED TO BE CORRECTED WITHIN **30 DAYS**. YOU MUST EMAIL BUILDING@CITYOFUTICA.ORG OR CALL 586-739-1600 EXT. 107 TO SCHEDULE A REINSPECTION.

TWO INSPECTIONS PER TRADE ARE INCLUDED WITH EACH APPLICATION – ANY FURTHER INSPECTIONS (INCLUDING LOCKOUTS) ARE SUBJECT TO A REINSPECTION FEE.

5. IT IS THE RESPONSIBILITY OF THE OCCUPANT/BUSINESS OWNER TO OBTAIN A CERTIFICATE OF OCCUPANCY. THE CITY OF UTICA DOES NOT GET INVOLVED WITH LANDLORD/TENANT DISPUTES. VIOLATIONS MAY BE CORRECTED BY EITHER PARTY AS PER THEIR AGREEMENT.

6. A CERTIFICATE OF OCCUPANCY WILL BE ISSUED WHEN ALL INSPECTIONS HAVE PASSED. IN SOME CASES, THE BUILDING OFFICIAL WILL ISSUE A TEMPORARY C OF O WITH CERTAIN STIPULATIONS THAT MUST BE COMPLIED WITH. THIS TEMP C OF O WILL EXPIRE AFTER TIMEFRAME DETERMINED APPROPRIATE BY THE BUILDING OFFICIAL.



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ZONING ORDINANCE FORM

APPLICANT'S NAME		DATE	
NAME OF BUSINESS <i>IF APPLICABLE</i>			
BUSINESS MAILING ADDRESS		BUSINESS TELEPHONE NUMBER	
BUSINESS MAILING ADDRESS CONT'D.		OWNER'S TELEPHONE NUMBER	
EMAIL ADDRESS		OWNER'S DRIVER LICENSE NUMBER	
OWNER'S ADDRESS	CITY	STATE	ZIP CODE

A COPY OF THE OWNER/APPLICANT'S DRIVER'S LICENSE MUST BE INCLUDED WITH THIS APPLICATION

ADDRESS OF BUSINESS	
LEGAL DESCRIPTION OF PROPERTY	
TYPE OF BUSINESS	
DESCRIBE BUSINESS OPERATIONS	
PROPOSED HOURS OF OPERATION	NUMBER OF EMPLOYEES AT BUSIEST TIME
PROPOSED HOURS OF OPERATION	ESTIMATED NUMBER OF CUSTOMERS AT BUSIEST TIMES
HANDICAPPED PARKING SPACES	PARKING SPOTS
DESCRIBED PROPOSED SIGNAGE (INCLUDE DIMENSION AND LOCATIONS)	

PROPERTY OWNER'S NAME			
PROPERTY OWNER'S EMAIL ADDRESS		PROPERTY OWNER'S TELEPHONE NUMBER	
OWNER'S ADDRESS	CITY	STATE	ZIP CODE



SQUARE FOOTAGE

STORAGE ROOMS	RETAIL/PUBLIC SPACE
KITCHEN AREA	OFFICE SPACE
OTHER (DESCRIBE)	
	TOTAL

Automatic Sprinkler System? YES | NO
Proposed Fire Alarm YES | NO
Proposed Burglar Alarm YES | NO

For those cases requiring site plan review solely as a result of building reoccupancy, site plan review procedures may be modified, at the discretion of the Building Official, to provide for an administrative review by the Building Official in lieu of a more formal review by the City Planning Commission.

The Building Official may conduct an administrative review provided all the following are true:

- 1) Such use is conducted within a completely enclosed building
 - 2) Reoccupancy does not create additional parking demands, beyond twenty-five (25) percent of that which exists
 - 3) Reoccupancy does not substantially alter the character of the site. Every site plan submitted for review shall be in accordance with the requirements of the Ordinance. Administrative review procedures are not intended to modify any ordinance, regulation or development standard.
- (Section 1800 Review & Approval of Site Plans c & d)**

I CERTIFY THE INFORMATION ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

INACCURATE OR INCOMPLETE INFORMATION ON THE SITE PLAN WILL EITHER DELAY OR RESULT IN A DENIAL OF THIS APPLICATION. COMPLETING THIS FORM MAY NOT NECESSARILY NEGATE THE NEED TO PROVIDE MORE DETAILED DRAWINGS, INFORMATION, OR FORMAL PRESENTATION TO THE CITY PLANNING COMMISSION OR COUNCIL.



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DO NOT WRITE ON THIS PAGE - OFFICE USE ONLY

ZONING DISTRICT	
HISTORIC DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO	SPECIAL PARKING DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL ZONING USE	
CONFORMING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	
PARKING REQUIREMENTS GEN:	HANDICAP:
ALARM FORM COMPLETED/ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS REGISTRATION COMPLETED/ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO

BUILDING OFFICIAL'S RECOMMENDATION:

MAYOR'S REVIEW DATE:	INITIALS:
COMMENTS	

HDFC APPROVAL DATE
PROFESSIONAL PLANNING REVIEW LETTER DATED
PLANNING COMMISSION APPROVAL DATE
COUNCIL COMMISSION APPROVAL DATE

(SEE ATTACHED MEETING MINUTES AND COMMENTS FOR PLANNING COMMISSION AND COUNCIL)

INSPECTIONS	BUILDING
MECHANICAL	FIRE
PLUMBING	MECHANICAL

FINAL REVIEW

AFTER CAREFUL REVIEW, I AM AUTHORIZING THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY

 BUILDING OFFICIAL

 DATE

UTICA FIRE DEPARTMENT

Fire Prevention Bureau

7609 Auburn Road Utica, MI 48317 • (586)731-1313 • Fax (586)254-2847

Prior to final Utica Fire Department approval, the following items must be completed:

Address

- Posted on front and rear doors. 4" minimum heights. Visible from street.

Fire Extinguishers

- Minimum size 3A40BC (5 lb) mounted with certification tag in required locations.

Exit and Emergency Lights

- At required locations; all in working condition.

Knox Box

- Installed with key provided.

Automatic Sprinkler System

- Hydrostatic test completed with report provided.
- Up-to-date annual maintenance performed with report provided.

Alarm System

- Acceptance test performed with report provided.
- Up-to-date annual maintenance performed with report provided.
- System monitored as required with report verification provided.

Kitchen Suppression System

- Puff test performed with report provided.
- Semi-annual maintenance performed with report provided.

No Parking Signs/Fire Lane Maintained

Proper Labeling of Doors — Sprinkler Room, Mechanical Room, Etc.

Other

Final Inspections

- Approval is required prior to occupancy. Please call for an inspection appointment a minimum of three (3) days prior to opening

Pre-Inspection Form

The Utica Fire Department, Office of Fire Prevention, prides itself in its proactive approach to fire safety. The department's goal is to provide a safe environment to the businesses, citizens and visitors to our city.

Use this checklist to prepare your place of business for an upcoming fire safety inspection. The following items are general requirements only, based on common code violations, and do not include all of the various items checked during an official inspection. Please address any items requiring attention, and then call our office to schedule an appointment for your inspection.

Thank you for your efforts in maintaining a fire-safe facility. If you have any questions, please call (586)739-1600.

Building Exterior

- | | | | |
|---|---|-----|--|
| Y | N | N/A | Address is posted at a minimum of 4" in height and visible from the road |
| Y | N | N/A | Access drives and fire lanes are clear and posted |
| Y | N | N/A | Gas meters and piping are protected from vehicular damage by concreted or steel posts |
| Y | N | N/A | If equipped with a fire sprinkler system, the fire department connection shall have a clear space of 36" around and caps in place on connections |
| Y | N | N/A | Exist discharge clear and dumpsters/trash containers at least 60" (five feet) from building Openings |

Building Interior

- | | | | |
|---|---|-----|--|
| Y | N | N/A | All exit doors are free of obstructions, easy to open, open toward egress, free of deadbolts and are unlocked during business hours |
| Y | N | N/A | Aisles are a minimum of 36" wide and free of obstructions |
| Y | N | N/A | Exit lights are operational |
| Y | N | N/A | Emergency lights all are operational when power is removed or test button pushed |
| Y | N | N/A | Fire extinguishers are mounted in a visible location and tagged by a licensed company within the past year. Minimum size is 3A:40B:C. Last date of annual maintenance _____
Certified Extinguisher Company Name _____ |
| Y | N | N/A | Storage is maintained 24" below ceilings and 36" from electric panels and all gas-fire appliances |
| Y | N | N/A | Extension cords and multi-outlet devices shall not be used in place of permanent wiring |
| Y | N | N/A | Fire walls, drywall and ceiling tiles are all maintained, in good condition and free of holes |
| Y | N | N/A | Fire doors shall be kept closed and never propped open |

Special Systems

Y	N	N/A	Building equipped with automatic fire sprinklers and alarm systems shall be up to code and have Annual maintenance performed by a licensed company and records forwarded to the Fire Prevention Office. Last date of annual maintenance _____ Certified fire suppression/detection company _____
Y	N	N/A	Mezzanines and basements both require automatic sprinkler heads
Y	N	N/A	Underground and aboveground liquid storage tanks must be properly installed and maintained
Y	N	N/A	Cutting torches and welding equipment must be properly maintained. All gas cylinders shall be Secured
Y	N	N/A	Spray paint booths must be equipped with automatic suppression systems and properly maintained. Last date of annual maintenance _____ Certified suppression company _____
Y	N	N/A	Gasoline service station dispensing pumps must have emergency shutoffs properly maintained
Y	N	N/A	High-piled rack storage must be properly maintained

Business Name

Business Address

Telephone Number

Contact Name

Telephone Number

Contact Name

Telephone Number

Dear Facility Owner/Operator:

Please complete this survey as accurately as possible and return it to my office within ten days. Note that you must complete and return the survey, even if you respond "do not have" to all categories.

Fire Chiefs are required to collect chemical data under the Michigan Occupational Safety and Health Act (MIOSHA), P.A. 154 of 1974, and the Fire Prevention Code, P.A. 207, of 1941, as amended. The information to complete this form should be readily available from your firm's records and materials you maintain for your Employee Right-To-Know Program as required by MIOSHA.

The requested information will be used to assure our firefighters are prepared for any chemical hazards they may encounter if called to your facility. It will result in increased safety for our firefighters and better fire protection for your firm.

Failure to respond to this survey may result in a referral to MIOSHA for follow-up action. A comprehensive hazard communication program is required by MIOSHA. If you have been unable to obtain Material Safety Data Sheets for chemicals used at your facility, you may contact MIOSHA for assistance.

Sincerely,

Kevin Wilseck, Fire Chief

Respond on the maximum quantity you would have on-site, including storage, at any one time during the year.

Chemical Type	Specified Quantity	Have at or Above Specified Quantity	Have but Below Specified Quantity	Do Not Have
Class 1				
Explosives & Blasting Agents (Not Including Class C Explosives)	Any Quantity			
Class 2				
Poison Gas	Any Quantity			
Flammable Gas	100 gal water capacity			
Non-Flammable Gas	100 gal water capacity			
Class 3				
Flammable Liquid	1,000 gallons			
Combustible Liquid	10,000 gallons			
Class 4				
Flammable Solid (Dangerous when wet)	100 lbs.			
Flammable Solid	500 lbs.			
Spontaneously Combustible Material	100 lbs.			
Class 5				
Oxidizer	500 lbs.			
Organic Peroxide	250 lbs.			
Class 6				
Poison	500 lbs.			
Irritating Material: Liquid	1,000 gallons			
Irritating Material: Solid	500 lbs.			
Class 7				
Radioactive Material (Yellow III Label)	Any Quantity			
Class 8				
Corrosives: Liquid	1,000 gallons			
Corrosives: Solid	500 lbs.			
No DOT Category				
Known Human Carcinogen	Any Category			

Please return within ten days to the official indicated in the cover letter attached to this survey.

NAME/MAILING ADDRESS CHANGE ONLY

Today's Date: _____



Address: _____

Account #: 0000 _____

Name: _____

Relation to property? _____

Phone number: _____

Date of Closing: _____ (If not a closing)
Date Moving In/Out: _____



New Owner/Tenant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____



Comments:

