



CITY OF FLAT ROCK

DEPARTMENT OF BUILDING & SAFETY

25500 Gibraltar Road, Flat Rock, MI 48134
Telephone (734)782-0445 Fax (734)783-0304
www.flatrockmi.org

APPLICATION FOR CHANGE OF OCCUPANCY

Address of Building: _____ Sidwell# _____

Occupant/Tenant Name _____ Contact Name _____

Email _____ Telephone _____ Fax _____

Work Address _____ City _____ State _____

Zip _____ Contact Name _____ Telephone _____

Emergency Contact _____ Telephone _____

Current Zoning of Building: Prior Use _____ Proposed Use _____

Number of Occupants _____ Gross Square Footage of Building _____

Number of Parking Space _____

Interior/Exterior construction changes proposed: Yes No

Changes in signage posted: Yes No

Please provide proposed floor plan including arrangement of furniture. 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 City of Flat Rock 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: _____