



# TENANT OCCUPANCY APPLICATION

**NO CONSTRUCTION  
(COMMERCIAL, INDUSTRIAL)  
APPLICATION FEE \$576**

|                      |       |
|----------------------|-------|
| <b>CITY USE ONLY</b> |       |
| PTOI#:               | _____ |
| ADDRESS:             | _____ |
| DATE RECEIVED:       | _____ |
| FEE PAID :           | _____ |

CITY OF AUBURN HILLS COMMUNITY DEVELOPMENT DEPARTMENT  
1827 N SQUIRREL RD., AUBURN HILLS, MI 48326  
(248) 364-6900

| PROJECT INFORMATION  |              |               |                    |             |
|--|--------------|---------------|--------------------|-------------|
| ADDRESS  | SPACE #      | ZONING        | SQUARE FOOTAGE     |             |
| PARCEL NUMBER  | PROJECT NAME |               |                    |             |
| OWNER INFORMATION  |              |               |                    |             |
| NAME   |              | EMAIL ADDRESS |                    |             |
| ADDRESS  | CITY         | STATE         | ZIP                | TELEPHONE # |
| APPLICANT  |              |               |                    |             |
| NAME   |              | EMAIL ADDRESS |                    |             |
| ADDRESS  | CITY         | STATE         | ZIP                | TELEPHONE # |
| SIGNATURE  |              |               |                    |             |
| I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD, AND I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. |              |               |                    |             |
| PROPOSED USE:  |              |               |                    |             |
| PRIOR USE:   |              |               |                    |             |
| TOTAL SQUARE FOOTAGE:  |              |               |                    |             |
| <b>CITY USE ONLY<br/>CALCULATIONS &amp;<br/>STIPULATIONS</b>   |              |               |                    |             |
|  |              |               |                    |             |
|  |              |               |                    |             |
|  |              |               |                    |             |
|  |              |               | APPROVED BY: _____ |             |
|  |              | DATE: _____   |                    |             |

**\*PLEASE VERIFY THAT ALL INFORMATION IS FILLED OUT COMPLETELY\***

|  |  |
|--|--|
| OCCUPANT LOAD:   |  |
| <input type="checkbox"/> SEPARATED<br><input type="checkbox"/> NON-SEPARATED MIX USE |  |

| FIRE SUPPRESSION                        |                             |
|---|-----------------------------|
| <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| <input type="checkbox"/> FULL SYSTEM    |                             |
| <input type="checkbox"/> LIMITED SYSTEM |                             |

| TYPE OF CONSTRUCTION         |                              |                              |                              |                              |                              |                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 1A  | <input type="checkbox"/> 1B  | <input type="checkbox"/> 2A  | <input type="checkbox"/> 2B  | <input type="checkbox"/> 3A  | <input type="checkbox"/> 3B  | <input type="checkbox"/> 4   | <input type="checkbox"/> 5A  | <input type="checkbox"/> 5B  |  |
| USE GROUP                    |                              |                              |                              |                              |                              |                              |                              |                              |  |
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4 | <input type="checkbox"/> A-5 | <input type="checkbox"/> B   | <input type="checkbox"/> E   | <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 |  |
| <input type="checkbox"/> H-1 | <input type="checkbox"/> H-2 | <input type="checkbox"/> H-3 | <input type="checkbox"/> H-4 | <input type="checkbox"/> H-5 | <input type="checkbox"/> I-1 | <input type="checkbox"/> I-2 | <input type="checkbox"/> I-3 | <input type="checkbox"/> I-4 |  |
| <input type="checkbox"/> M   | <input type="checkbox"/> R-1 | <input type="checkbox"/> R-2 | <input type="checkbox"/> R-3 | <input type="checkbox"/> R-4 | <input type="checkbox"/> S-1 | <input type="checkbox"/> S-2 | <input type="checkbox"/> U   |                              |  |

| SUBMITTAL REQUIREMENTS  |
|---|
| <ol style="list-style-type: none"> <li>1. COMPLETED AND SIGNED APPLICATION PACKET</li> <li>2. TWO COPIES OF THE FLOOR PLAN (TO SCALE)<br/><b>SIZE 24" X 36"</b></li> <li>3. \$576 APPLICATION FEE</li> <li>4. A COPY OF THE APPLICANT'S DRIVER'S LICENSE</li> <li>5. COMPLETED HAZARDOUS MATERIALS FORMS</li> <li>6. A SIGNED AND DATED LETTER <b><u>ON YOUR OWN LETTERHEAD</u></b> WHICH PROVIDES A DETAILED DESCRIPTION OF THE BUSINESS AND ITS OVERALL CAPACITY. PLEASE INCLUDE THE FOLLOWING INFORMATION IN YOUR LETTER:           <ul style="list-style-type: none"> <li>● NAME OF BUSINESS,</li> <li>● PHONE #</li> <li>● PERCENTAGE OF USAGE I.E OFFICE, WAREHOUSE AND OTHER.</li> <li>● IF THERE IS ANY PROPOSED OVERNIGHT, OUTSIDE STORAGE ON THE SITE (BUSINESS TRUCKS, CARS, ETC.), NUMBER OF EMPLOYEES</li> <li>● LAST USE OF PROPERTY AND ANY OTHER PERTINENT INFORMATION</li> </ul> <p>THIS INFORMATION WILL BE USED TO VERIFY THAT THE PROPOSED BUSINESS IS CONDUCTIVE TO THE LAST APPROVED OCCUPANCY AND ZONING DISTRICT.</p> </li> </ol> |

# City of Auburn Hills

## Hazardous Materials Disclosure and Permit Application Form

This information is required by the City of Auburn Hills Hazardous Materials Disclosure Ordinance in accordance with MIOSHA requirements, and may be used in the event of an emergency. Please be as accurate as possible and type or legibly print all responses.

**Business Name:** \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

24-Hour Phone: \_\_\_\_\_

**Emergency Spill Contractor** \_\_\_\_\_

Phone: \_\_\_\_\_

**Primary Facility Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_

24-Hour Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Alternate Facility Contact:** \_\_\_\_\_

Business Phone: \_\_\_\_\_

24-Hour Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I declare that the information on this form and the attached Chemical Survey Form are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Auburn Hills Chemical Survey Form

| Chemical Type | Max. Quantity on Hand<br>(Must be in specified Quantity) | Container Type &<br>Volume | Max. Storage<br>Height |
|---------------|--|----------------------------|------------------------|
|---------------|--|----------------------------|------------------------|

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Explosives & Blasting Agents                  | Any                                 |  |  |
| Consumer Fireworks                            | LBS                                 |  |  |
| Highly Toxic Gas                              | Any                                 |  |  |
| Toxic Gas                                     | Any                                 |  |  |
| Highly Toxic Liquid or Solid                  | LBS                                 |  |  |
| Toxic Liquid or Solid                         | LBS                                 |  |  |
| Flammable Gas                                 | Water<br>Gallon<br>Capacity         |  |  |
| Non-Flammable Gas                             | Water<br>Gallon<br>Capacity         |  |  |
| Flammable Liquid                              | Gallons                             |  |  |
| Combination Flammable Liquid                  | Gallons                             |  |  |
| Combustible Liquid                            | Gallons                             |  |  |
| Flammable Solid                               | LBS                                 |  |  |
| Cryogenic Flammable                           | Gallons                             |  |  |
| Pyrophoric/Spontaneously Combustible Material | LBS                                 |  |  |
| Oxidizer                                      | LBS                                 |  |  |
| Oxidizing Gas                                 | Cubic FT<br>or<br>Gallons Liquefied |  |  |
| Cryogenic Oxidizing                           | Gallons                             |  |  |
| Irritating Material, Liquid                   | Gallons                             |  |  |
| Irritating Material, Solid                    | LBS                                 |  |  |
| Corrosives, Liquid                            | Gallons                             |  |  |
| Corrosives, Solid                             | LBS                                 |  |  |
| Unstable, Reactive                            | Any                                 |  |  |
| Water Reactive                                | Any                                 |  |  |
| Radioactive Material                          | Any                                 |  |  |
| Organic Peroxide                              | LBS                                 |  |  |
| Known Human Carcinogen                        | Any                                 |  |  |
| Combustible Fiber                             | Gallons                             |  |  |

**Additional Comments:**



# AUBURN HILLS FIRE DEPARTMENT



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## Owner's certificate of commodities and fire protection

Business name \_\_\_\_\_

Address \_\_\_\_\_

Indicate whether the fire protection is intended for one of the following specialized occupancies or areas:  
(check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Spray area or mixing room    | <input type="checkbox"/> Solvent extraction                                 |
| <input type="checkbox"/> Laboratory using chemicals   | <input type="checkbox"/> Oxygen-fuel gas systems for welding or cutting     |
| <input type="checkbox"/> Acetylene cylinder charging  | <input type="checkbox"/> Production or use of compressed or liquefied gases |
| <input type="checkbox"/> Commercial cooking equipment | <input type="checkbox"/> Class A hyperbaric chamber                         |
| <input type="checkbox"/> Clean room                   | <input type="checkbox"/> Incinerator or waste handling systems              |
| <input type="checkbox"/> Linen handling system        | <input type="checkbox"/> Industrial furnace                                 |
| <input type="checkbox"/> Water-cooling tower          |   |

Describe type, location, arrangement, and intended maximum quantities for any specialized occupancies indicated.

\_\_\_\_\_

Will there be any storage of products of 12 feet or higher?  yes  no

If yes, describe product, intended storage arrangement, and height

\_\_\_\_\_

Will there be any storage of plastic, rubber, or similar products over 5 feet high except as described above?  yes  no

If yes, describe product, intended storage arrangement, and height

\_\_\_\_\_

Is there any special information concerning water supply?  yes  no

If yes, provide information, including known environmental conditions that might be responsible for corrosion, including microbiologically influenced corrosion (MIC).

\_\_\_\_\_

I certify that I have knowledge of the intended use of the property and that the above information is correct

Signature of owner's representative or agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the owner's representative or agent completing certificate (print): \_\_\_\_\_

Relationship and firm of agent (print): \_\_\_\_\_

Revised 2023