



# Non-Residential Building Application

(Commercial, Industrial)

Application Fee \$310.00

Project Name: \_\_\_\_\_

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

Zoning: \_\_\_\_\_

Sidwell Number(s): \_\_\_\_\_

Project Description: \_\_\_\_\_

## City Use Only

PB #: \_\_\_\_\_

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

Date Received: \_\_\_\_\_

Preliminary Plan Review Fee: \_\_\_\_\_

## Contractor:

Name		Phone	
Address	City	State	Zip

## Architect:

Name		Phone	
Address	City	State	Zip

## Applicant:

Name		Signature	
Address	City	State	Zip
Phone	Alt Phone	Email	

I hereby certify the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

## Property Owner(s): *(Provide additional sheet if necessary for multiple property owners)*

Name		Phone	
Address	City	State	Zip

<b>CITY USE ONLY CALCULATIONS &amp; STIPULATIONS</b>		<b>Building Permit Fee</b>		<b>Plan Review Fee</b>	
		<b>Construction Bond</b>		<b>Imaging Fee</b>	
		<b>Fees Based On</b>			
		<b>Approved by:</b>		<b>Date:</b>	

## Non-Residential Building Application (page 2)

### Type of Improvement:

- ☐ New Building  
☐ Addition  
☐ Alteration  
☐ Repair  
☐ Demolition  
☐ Other \_\_\_\_\_

Square Footage of Improvement: \_\_\_\_\_

Total Cost of Improvement: \_\_\_\_\_

### Enter Square Footage for:

Crawlspace \_\_\_\_\_  
 Basement \_\_\_\_\_  
 1<sup>st</sup> Floor \_\_\_\_\_  
 2<sup>nd</sup> Floor \_\_\_\_\_  
 3<sup>rd</sup> Floor \_\_\_\_\_  
 Garage \_\_\_\_\_  
 Other \_\_\_\_\_  
 No. of Stories \_\_\_\_\_  
 Units \_\_\_\_\_  
 Zoning \_\_\_\_\_

Breakdown of Total Area:	Existing	Alteration	New
Floor Area Basement:			
1 <sup>st</sup> Floor:			
2 <sup>nd</sup> Floor:			
3 <sup>rd</sup> – 10 <sup>th</sup> Floor:			

Use Group: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Occupant Load: \_\_\_\_\_

- ☐ Separated  
☐ Non-Separated Mixed Use

### Fire Suppression?

- ☐ Yes  
☐ No  
☐ Full System  
☐ Limited System

### Submittal Requirements:

- 1) Completed and Signed Application
- 2) \$310 Application Fee
- 3) Three Sets of Plans – Signed & Sealed
- 4) A Copy of the Applicant's Drivers License
- 5) Completed Hazardous Materials Form
- 6) A Letter on Your Letterhead (containing the information requested below)

**The following information is used to verify that the proposed business is conducive to the last approved occupancy and zoning district**

Submit with application a detailed description of the business and its overall capacity.

Please use *your own letterhead* and include the following information:

Name of Business				Phone			
Percentage of usage i.e.	Office	%	Warehouse	%	Other – Please Specify		
Any proposed overnight outside storage on site, i.e.: business trucks, cars, etc. MUST indicate if no outside storage will be utilized							
Number of employees				Last use			
<b>Must complete all Hazardous Material Forms attached</b>							
Tenant Signature						Date	



# Site Requirements

## City of Auburn Hills

Community Development Department

1827 N. Squirrel Rd., Auburn Hills, MI 48326

Phone 248.364.6946 Fax 248.364.6939 Inspection line 248.364.6949

The following items are required to be installed or completed prior to the start of the project AND before a final building inspection can be completed.

1. Obtain a soil erosion permit as required from the Oakland County Drain Commission at [www.oakgov.com/water](http://www.oakgov.com/water) or by calling (248) 858.5389
2. Install soil erosion fabric on property lines (Fabric shall be trenched 6" into ground and stakes shall be installed to back of fabric).
3. Place an address identification board on your site. The board and numbers must be large enough to be read from the thoroughfare.
4. Install required protective fencing around appropriate species trees, typically 4' plastic fencing in line with drop edge of tree.
5. Install a crushed stone drive to stop mud/dirt from being tracked onto roads. Road is your responsibility to keep clean on a daily basis.
6. All debris must be securely contained on site.
7. Temporary restroom facilities must be available for site workers.
8. Last inspection called in should be the Building Inspection – all other inspections; trades, DPS and Fire need to be completed and approved prior to calling in final building / site inspection.

For more information, please contact the Community Development Department 248.364.6900



# Department of Public Works

## Public Utilities Division

(248) 391-3777

### **Capital Connection Charges and Lateral Benefit Fee Payments**

Pursuant to City of Auburn Hills Code requirements, some residential and commercial projects are subject to a utility development fee in order to offset the costs of providing water and sewer services. These fees are due and payable at the issuance of a building permit or change of use for an existing customer.

Development fees depend on the Residential Equivalent Units (REUs) purchased for each water and/or sewer connection. A REU is defined as the amount of water that is required by a single-family residence. The fees are based on REUs because the size and therefore the cost of the water distribution system and wastewater collection system are directly related to the number of customers and their relative quantities of water usage and wastewater discharge.

The following EQUIVALENT RESIDENTIAL UNIT FACTOR SCHEDULE contains factors for common types of use. To determine the REU per unit, locate the type of use and not the Unit of Measure and REU per Unit.

LIST OF USES	UNITS	PER
<b><u>RESIDENTIAL:</u></b>		
Mobile Home Park	1.00	home space
Multiple Family Residence	1.00	unit
Single Family Residence	1.00	residence
Townhouses, Condos, Etc.	1.00	dwelling unit
<b><u>COMMERCIAL:</u></b>		
Auto Dealer	0.40	1000 sq ft
Barber	1.00	1000 sq ft
Bar	2.50	1000 sq ft
Beauty Shop	1.00	1000 sq ft
Bowling Alley (1), (5)	0.19	alley
Car Wash:		
Manual, Do-It-Yourself	2.50	stall
Semi-Automatic w/o conveyor	12.50	stall
Automatic w/ conveyor	33.00	lane
Automatic w/ conveyor; conserving & re-siphoning	8.40	lane
Church	0.40	1000 sq ft
Cleaners (pick-up only)	0.40	1000 sq ft
Cleaners (plant & pressing factory)	1.50	1000 sq ft
Clinic (charged by space or doctors/services) (6)	1.00	1000 sq ft
Doctors or Services	1.00	doctor/service
Convalescent Home	0.30	bed
Corporate Data Center (4)	0.35	1000 sq ft
Country Club (1)	1.50	1000 sq ft
Drug Store - w/ or w/o fountain service	1.00	1000 sq ft

Factory non-industrial use, light industrial (2)	0.50	1000 sq ft
Fraternal Organizations (members only & rentals) (1)	2.00	hall
Grocery Store & Super Market	1.10	1000 sq ft
Health/Athletic Facility		
Courts (racquetball, squash, tennis, etc.)	0.82	court
Swimming Pools - outdoor	1.50	1000 sq ft
Swimming Pools - indoor	3.00	1000 sq ft
Other space	1.50	1000 sq ft
Hotel (2 per rm, private bath), Motel, Dormitory (1)	0.50	bedroom
Laundry (self service)	0.55	washer
Malls - common areas	0.10	1000 sq ft
Office Building (1)	0.50	1000 sq ft
Restaurant	0.13	seat
Conventional w/ or w/o drink (banquet rooms)	0.13	seat
Quick service Franchise-type w/o dishes, dealing mainly in hamburgers w/ or w/o eating in bldg. (includes, but not limited to McDonald's, Burger King, Red Barn & Hardees) (catering room)	5.60	restaurant
All other restaurants, including but not limited to drive-ins, snack bars, carryouts (such as chicken or pizza) w/ or w/o eating in bldg, all w/o dishes.	1.80	restaurant
School (w/o showers and/or pools) (1)	0.01	student capacity
Service Station	2.00	station
Store (other than listed)	0.50	1000 sq ft
Theaters		
Drive In	0.012	car space
Indoor (presentation room)	0.008	seat
Unoccupied Technical Areas (ex. Chrysler Wind Tunnel)	0.15	1000 sq ft
Warehouse	0.15	1000 sq ft

- (1) When contained within another usage, bars, restaurants, swimming pools, etc. will be assessed at their respective unit factors.
- (2) Factories using water for processing or cooling and/or generating industrial waste will be assigned appropriate unit factors on each individual instance by the Water & Sewer Dept.
- (3) Excludes residential individually-owned pools with recirculating filter systems and/or without sewer connections.
- (4) Also subject to contractual arrangements as agreed to.
- (5) No bars, lunch facilities
- (6) Minimum assignment - 1.00 unit per profession.

A lateral benefit fee will be assessed at the time of the application for a connection permit for the privilege of utilizing said public utilities. The lateral benefit fee for a connection to sanitary sewer for a lot within a platted subdivision shall be \$2,000.00. The lateral benefit fee for the sanitary sewer utility for an unplatted parcel shall be \$2,000.00 for the first 80 feet of lateral pipe installed to serve the premises, plus 1.25 percent of a lateral unit for each additional foot of street frontage.

The lateral benefit fee for the water utility for a single lot within a platted subdivision shall be \$1,000.00. The lateral benefit fee for the water utility for an unplatted parcel shall be \$1,000.00 for the first 80 feet of lateral pipe installed to serve the premises, plus 1.25 percent of a lateral unit for each additional foot of street frontage.

Please contact the Department of Public Works Public Utilities Division at (248) 391-3777 or [dpw@auburnhills.org](mailto:dpw@auburnhills.org) for more information.

# 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 (Must be in specified Quantity)	Container Type & Volume	Max. Storage 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 Gallon Capacity		
Non-Flammable Gas	Water Gallon 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 or 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		
<b>Additional Comments:</b>			



# 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