



# Tenant Occupancy Application (No Construction)

Fee \$576.00  
(Page 1 of 2)

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

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

Space #: \_\_\_\_\_ Zoning: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Square Footage: \_\_\_\_\_

## City Use Only

PTOI #: \_\_\_\_\_

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

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

Fee Paid: \_\_\_\_\_

## 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):

Name		Phone	
Address	City	State	Zip

(Provide additional sheet if necessary for multiple property owners)

## Proposed Use:

## Prior Use:

## Total Square Footage:

<b>CITY USE ONLY CALCULATIONS &amp; STIPULATIONS</b>		
	Approved by: _____	Date: _____

Please contact: City of Auburn Hills Community Development Department – Building Services  
1827 N. Squirrel Road, Auburn Hills, MI 48326 / Phone 248.364.6900 / Fax 248.364.6939  
[www.auburnhills.org](http://www.auburnhills.org)

**Tenant Occupancy Application**  
(Page 2 of 2)

Use Group: \_\_\_\_\_  
 Construction Type: \_\_\_\_\_  
 Occupant Load: \_\_\_\_\_  
☐ Separated  
☐ Non-Separated Mixed Use

<b>Fire Suppression?</b>
<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Full System
<input type="radio"/> Limited System

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

**ITEMS REQUIRED AT TIME OF SUBMITTAL**

- 1) Completed and Signed Application Packet
- 2) Three copies of the floor plan (to scale)
- 3) \$576.00 Permit Fee
- 4) A letter on your own letterhead which provides a detailed description of the business and its overall capacity. Please include the following information:

Name of Business				Phone	
Percentage of usage i.e.	Office	%	Warehouse	%	Other – Please Specify %
Proposed overnight outside storage on site (business trucks, cars, etc.)				Yes	No
Number of employees				Last use	
Any other pertinent information					
Tenant Signature				Date	



# 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 2014

# 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>			