

GROVELAND TOWNSHIP
Oakland County

4695 GRANGE HALL ROAD
HOLLY, MICHIGAN 48442

(248) 634-4152
(248) 634-1351 FAX

NEW BUSINESS REGISTRATION

APPLICANT

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

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

Sid-Well Number: \_\_\_\_\_

Business Use(s) List in detail the use/activity that will take place on this site:

\_\_\_\_\_
\_\_\_\_\_

BUSINESS OWNER/ OCCUPANT INFORMATION

Owner \_\_\_\_\_ Occupant \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

PROPERTY OWNER INFORMATION

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

\*A business floor plan/layout is required and must include merchandise, racks, counters, seating arrangements, aisles, restrooms, exits, offices, striate, etc.

I am aware that this does not constitute an application to build or construct and know that all required approvals must be obtained before a Zoning Compliance Permit/Certificate of Occupancy can be issued; premises should not be occupied until the required Zoning Compliance Permit and a Certificate of Occupancy has been issued and all applicable fees paid. I also understand that a final inspection is required prior to occupancy and food establishments require Health Department Approval prior to occupancy.

Signature of Building/Property Owner

Date

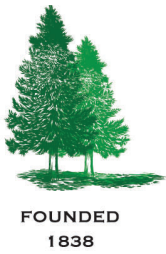
Signature of Occupant

Date

REGISTRATION FEE: \$500 (One time charge for new business.) \*Additional fees required in instances where Planning Commission and/or Zoning Board of Appeals is involved.

Date Paid: \_\_\_\_\_

Staff Member Receiving: \_\_\_\_\_



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**NEW BUSINESS APPROVAL/DENIAL**

**COMPLETED BY BUILDING INSPECTOR/OFFICIAL**

Floor Plan Submitted: \_\_\_\_\_

Current Property Vacant? \_\_\_\_\_

Current Building Vacant? \_\_\_\_\_

Current Zoning of Property: \_\_\_\_\_

Existing Land Use: \_\_\_\_\_

Future Land Use: \_\_\_\_\_

Permitted Use: \_\_\_\_\_

Special Land Use: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSPECTION RESULTS (circle one)**

Mechanical    PASS    FAIL    if failed, reason: \_\_\_\_\_

Electrical    PASS    FAIL    if failed, reason: \_\_\_\_\_

Plumbing    PASS    FAIL    if failed, reason: \_\_\_\_\_

Building    PASS    FAIL    if failed, reason: \_\_\_\_\_

Approved or Denied Date: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS:**

Applicant Must Submit Building Application and Plans: \_\_\_\_\_

Applicant Must Submit Site Plan to Planning Commission: \_\_\_\_\_

Applicant Must Apply for a Variance to the Board of Zoning Appeals: \_\_\_\_\_

Supervisor/Authorized Staff/Building Official: \_\_\_\_\_ Date: \_\_\_\_\_