



COMMERCIAL RE-OCCUPANCY Information and Application Form

CITY OF DEARBORN . OCCUPANCY PROGRAMS DIVISION

APPLICATION INFORMATION

This application is used to request a commercial tenant Certificate of Occupancy, required for

- New Business
- Change of Ownership of Business

Application will be reviewed by the Zoning Administrator to ensure the proposed use meets zoning district requirements. **Applicants are encouraged to contact the Zoning Administrator to discuss and resolve any zoning issues or concerns *prior* to submitting application.**

David Breneau, Zoning Administrator
(313) 943-3692
dbreneau@dearborn.gov

FEES

Commercial Buildings

Up to 5,000 Square Feet\$350
Over 5,000 Square Feet.....\$ 40 for each additional 1,000 sq ft

Multiple Dwelling Units

First Unit\$225
Each additional unit up to and including 6 units\$ 60
Each additional unit over six units up to and including 25 units\$ 30
Each additional unit over 25 units\$ 25

SUBMITTAL INFORMATION

Mail this form to:

Dearborn Administrative Center
16901 Michigan Avenue, Ste 7
Dearborn, MI 48126

or

Drop Box:

Located at Dearborn Administrative Center
16901 Michigan Avenue
Please indicate "STE 7" on envelope

- **Copy of identification is required**
- **Payment must accompany application – check or money order payable to "City of Dearborn"**

INSPECTION INFORMATION

Depending upon the type of proposed business, more than one inspector may be required to perform an inspection. Specialty inspectors include:

- Building
- Electrical
- HVAC
- Plumbing
- Backflow
- Fire Marshal
- Sanitation

Inspections are performed Monday through Friday, from 8:30 a.m. to 1 p.m.

PREPARING FOR YOUR INSPECTION

- Make sure all areas of the building space are accessible for inspectors.
- Utilities must be connected and serviceable.
- Abate insect and/or rodent infestations prior to inspection.
- **Ladder must be on site so inspectors can see all concealed equipment above drop ceilings and in attic areas. If the building has roof-top equipment, a ladder meeting OSHA standards must also be available so inspectors can gain access to the roof.**

TO CANCEL OR RE-SCHEDULE AN INSPECTION

Email newbusiness@dearborn.gov or call (313) 943-2150 to cancel an inspection. There is a \$75 fee for cancelling/re-scheduling a scheduled inspection (unless more than one business day notice is provided).

A \$75 fee will be charged if an inspector cannot gain entry for a scheduled inspection.

INSPECTION REPORT

- Inspection reports expire if the property is not approved for occupancy within 6 months of the original inspection.
- Inspection reports are valid for the applicant and proposed business only.

CORRECTING VIOLATIONS

Inspection reports indicate if a permit is required. Permits must be obtained by licensed contractors.

THE RE-INSPECTION

A re-inspection is required to ensure that all noted violations have been corrected and all repairs have been made. Additional items may be noted during the re-inspection if they are health and/or safety related.

There is no charge for a re-inspection; however, a \$75 fee will be charged if work is not complete and another inspection is required.

Email newbusiness@dearborn.gov or call (313) 943-2150 to schedule a re-inspection.

CERTIFICATE OF OCCUPANCY

A Certificate of Occupancy will be issued after a re-inspection has been performed and all noted violations have been corrected, required repairs have been made and all fees have been paid.

Fire suppression systems or alarms must be re-certified. (*documentation required*)

Certificates of Occupancy are prepared in the business name.

CONDITIONAL OCCUPANCY

Conditional Occupancy may be allowed when required repairs cannot be made due to weather-related conditions. Conditional Occupancy will only be allowed if all health and safety items have been corrected and exterior property maintenance items have been addressed.

FAILURE TO COMPLY

Failure to comply with ordinance requirements is a misdemeanor and will result in enforcement measures.



COMMERCIAL RE-OCCUPANCY APPLICATION

CITY OF DEARBORN . OCCUPANCY PROGRAMS DIVISION

I. PROPERTY ADDRESS

PROPERTY ADDRESS: _____ DEARBORN, MICHIGAN

UNIT or SUITE #: _____

Stand-Alone Building

Building with Independent Units (one or more spaces occupied or designed to be occupied independently of the other units, independently serviced by utilities)

Multipurpose Common Building (building with common address and suites that are serviced by common utilities)

II. BUILDING INFORMATION

NUMBER OF PARKING SPACES ASSIGNED TO THIS ADDRESS: _____

DOES BUILDING HAVE FIRE SPRINKLERS? YES NO

DOES BUILDING HAVE FIRE ALARM? YES NO

UTILITIES ARE/WILL BE CONNECTED AND SERVICEABLE
(\$50 fee will be charged if inspection cannot be completed due to utility connections.)

III. PROPOSED BUSINESS INFORMATION

BUSINESS NAME: _____

SQUARE FOOTAGE OF PROPOSED BUSINESS SPACE: _____

TYPE OF BUSINESS:

Retail

Storage/Warehouse Wholesale

Office

Manufacturing/Processing

Medical/Dental

Automobile Related

Restaurant

Medical Marijuana Caregiver

Carry-Out

Other _____

Lounge/Bar

Briefly describe business use: _____

WILL FOOD OR BEVERAGE BE SERVED? YES NO

WILL ALCOHOL BE SERVED? YES NO

IV. RENOVATION INTENTIONS

WILL INTERIOR OF BUILDING SPACE BE RENOVATED? YES NO

WILL EXTERIOR OF BUILDING SPACE OR PROPERTY BE RENOVATED? YES NO

(OVER)

V. PROPERTY OWNER INFORMATION

By signing this application, I am authorizing the City of Dearborn to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge. I am granting permission to City of Dearborn authorized staff to access all areas of the exterior and interior of the property for inspection purposes.

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

MOBILE PHONE #: _____ E-MAIL ADDRESS: _____

PROPERTY OWNER SIGNATURE: _____ DATE: _____

VI. BUSINESS OWNER (APPLICANT) INFORMATION *(copy of identification required)*

By signing and submitting this application, I am authorizing the City of Dearborn to utilize this information. I affirm that the information provided is accurate to the best of my knowledge.

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

MOBILE PHONE #: _____ E-MAIL ADDRESS: _____

Check here if a translator will be necessary to clarify information provided. Language: _____

CONTACT INFORMATION TO SCHEDULE INSPECTION *(if different from applicant)*: Name: _____

Phone #: _____

APPLICANT SIGNATURE: _____ DATE: _____

FOR DEPARTMENT USE ONLY:

ZONING

Previous Use: _____ Proposed Use: _____

Zoning Notes: _____

Variances: _____

- Approved
- Approved with conditions *(to be included on C of O)*: _____
- Use Denied

Reviewed by: _____ Date: _____

OCCUPANCY PROGRAMS MANAGER

Proposed Use Group:

- | | |
|--|---|
| <input type="checkbox"/> Assembly (Groups A-1, A-2, A-3, A-4, A-5) | <input type="checkbox"/> Institutional (Group I-1, I-2, I-3, I-4) |
| <input type="checkbox"/> Business (Group B) | <input type="checkbox"/> Mercantile (Group M) |
| <input type="checkbox"/> Educational (Group E) | <input type="checkbox"/> Residential (Group R-1, R-2, R-3, R-4) |
| <input type="checkbox"/> Factory/Industrial (Group F-1, F-2) | <input type="checkbox"/> Storage (Group S-1, S-2) |
| <input type="checkbox"/> High Hazard (Group H-1, H-2, H-3, H-4, H-5) | <input type="checkbox"/> Utility/Miscellaneous (Group U) |

- Required Inspections: Building Electrical HVAC Plumbing
- Sanitation Backflow Fire All

Fee: \$ _____

OP-021-16-R7
June 2, 2023