Zoning Compliance & Business Opening Application

City of Grosse Pointe, 17147 Maumee, Grosse Pointe, MI 48230
www.grossepointecity.org | Building Department: 313.885.5800

INSTRUCTIONS:
Prior to opening a business or changing the use of a property, this application must be submitted to the City's Building Department for review and approval[1].

If this application is approved, a separate application for a Business License and/or other reviews may be necessary.

Submit the completed form and any supporting documents to:
City of Grosse Pointe, Building Department, 17147 Maumee, Grosse Pointe, MI 48230
Submission may be made at City Hall, or via email to: city@grossepointecity.org

1. Applicant Information

Applicant Name: _____

Business Name: _____

Business / Property Address: _____

Parcel Number: _____

Phone Number: _____

Email: _____

Property Owner (if different):

Property Owner Name: _____

Owner Address: _____

Owner Phone Number: _____

Owner Email: _____

[1] *This form provides formal zoning compliance based on the information submitted. Changes to a proposal may require a new review.*

2. Proposed Business / Property Description

Type of Business and/or Use of the Property:

Change of Business Use: ☐ Yes ☐ No

Retail Use: ☐ Yes ☐ No

Description of Services/Operations:

Total Square Footage of the Business / Building:

Days / Hours of Operation: _____AM to _____ PM _____thru _____

Number of Employees on the Maximum Shift:

Number of On-Site Parking Spaces Available:

Will food / beverage be served? ☐ Yes ☐ No

Will alcohol be served? ☐ Yes ☐ No

If yes, have you been in contact with the MLCC? ☐ Yes ☐ No

Is outdoor activity/seating proposed? ☐ Yes ☐ No

If yes, provide an outdoor layout in the site plan.

Any exterior changes to the site or building proposed? ☐ Yes ☐ No

If yes, specify:

Is signage proposed? ☐ Yes ☐ No

I certify that I am aware that this does not constitute an application to build or construct. I further certify that I am aware that all required approvals must be obtained before a Certificate of Occupancy (C of O) will be issued and that I shall not occupy these premises until the required Certificate of Occupancy has been issued. If property is occupied before a C of O is issued, violations will occur.

_____

Applicant Name (printed)

_____ _____

Applicant Signature Date

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FOR CITY USE ONLY

Date Received by the City:

Zoning District of the Subject Site: _____

This zoning interpretation is based solely on the information provided in this form. Any changes to the business model, floor plan, operations, or site conditions may require additional review and approval.

The proposed use in this Zoning District (per Section _____) is classified as:

- ☐ Permitted Use (By Right)
- ☐ Special Land Use (Planning Commission Approval Required)
- ☐ Accessory Use
- ☐ Prohibited Use

Required Approvals and Next Steps:

- ☐ Pre-Application Meeting (highly recommended). Contact the City Manager to schedule.
- ☐ Site Plan Review (Administrative)
- ☐ Site Plan Review (Planning Commission Approval)
- ☐ Special Land Use Review (Planning Commission Approval)
- ☐ Variance Review (Zoning Board of Appeals Approval)
- ☐ Business License
- ☐ Building Permits Required
- ☐ Sign Permit Required
- ☐ Fire Department Review
- ☐ County / State / Health License Required: _____
- ☐ Sewer Significant User Form
- ☐ Certificate of Occupancy Required prior to opening

Additional Notes for Applicant:

_____

_____

_____

STAFF CERTIFICATION

Reviewed By: Building Inspector

Name: _____

Date: _____

Signature: _____

Reviewed By: Planning Consultant

Name: _____

Date: _____

Signature: _____

Routing once completed: Applicant, Building Inspector, Planning Consultant, Main Street Executive Director, Public Services Director, City Clerk, City Manager