

**Application to Occupy Tenant Space
In the City of Brighton
200 N First Street, Brighton, MI 48116**

Parcel ID# 4718-_____ Zoning District _____ **Fee \$60.00**

Business Name: _____ Address/Ste # _____

Phone # _____ Fax # _____

Nature of Business: _____

Entity Name or Doing Business As (DBA) (i.e. LLC, Inc, Etc): _____

Business Owner: _____

Address: _____ Phone # _____

Building Owner: _____

Address: _____ Phone # _____

A copy of the driver's license of the Entity Name Officer or Business Owner is required with the submittal of this permit.

Existing/previous occupant use of 1st floor: _____

Existing/previous occupant use of 2nd floor: _____

Existing/previous occupant use of 3rd floor: _____

Square footage of area to be occupied: _____

I am aware that approval of the above use and occupancy change(s) is limited to those described, and that any further change, addition or expansion from the approved use(s) is expressly prohibited.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Inspections by Bldg & Fire Dept are required prior to occupancy.

FOR DEPARTMENT USE ONLY:

Planning/Zoning	Approved/Not Approved	REU's needed: _____
	(circle one)	REU's paid: _____

Bldg inspector signature _____

Fire inspector signature _____

Comments if any:



Brighton Area Fire Department

615 W. Grand River

Brighton, Michigan 48116

810-229-6640 Fax: 810-229-1619

EMERGENCY CONTACT FORM

Business Name _____ Business Owner _____

Address _____ E-mail _____

Business Phone No. _____ Business Fax No. _____

Building Owner _____ Building Owner Ph. No. _____ Cell _____

Business Hours: Monday – Friday _____ Saturday _____ Sunday _____

24 Hour Alarm Co. _____ Alarm Co. Ph. No. _____ Alarm Reset Code _____

The following emergency contact phone numbers are for Fire Department use after business hours.

Name _____ City of Residence _____

Home Ph. No. _____ Cell No. _____ Other No. _____

Name _____ City of Residence _____

Home Ph. No. _____ Cell No. _____ Other No. _____

Name _____ City of Residence _____

Home Ph. No. _____ Cell No. _____ Other No. _____

Utilities located on which side of the building

Knox Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gas	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
Knox Padlock	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electric	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
Fire Dept. Connection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrant	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West _____ # Feet from Bldg.