## ZONING COMPLIANCE REVIEW FOR NEW OR CHANGE IN USE

CITY OF SALINE, MI. 100 N. Harris St., Saline MI 48176-1642; Phone: 734-429-8296 ext 2223 Fax: 734-429-5280

ADDRESS OF PROPOSED USE	ZONING D	ISTRICT	
PROPERTY TAX ID#	APPLICATI	APPLICATION DATE	
APPLICANT (AGENT/DEVELOPER/TENANT):	OWNER:		
(Print Name)	(Print name)		
STREET ADDRESS	STREET ADDRESS		
CITY, STATE, ZIP	<u>CITY, STATE, ZIP</u>		
PHONE FAX	PHONE	FAX	
E-MAIL	E-MAIL		
PROPOSED USE: (PLEASE PROPERLY DESCRIBE WH			
PROPOSED USE IS OPERATED BY: Tenan	t; Property Owner;	Other (Name:	
<b>AREA PLAN:</b> ATTACH SEARATE SHEET WITH SCALE CONSTRUCTION WITH SETBACKS; ADDITIONS SHC	WING EXISTING STRUCTURES WITH AD	DITION AND SETBACKS.	
AGENT/DEVELOPER SIGNATURE	OWNER SIGNATURE	DATE	
AGENT/DEVELOPER SIGNATURE	ATE		
	FOR OFFICE USE ONLY		
DATE RECEIVED:	BY:		
FEE : \$80.00	CHECK #:		
YES; NO: Is a Permitted Use in the Z	oning District, per Section 4.04 (	) Use Classification:	
YES;NO: Meets Parking Requirement Computation:	nts, per Section 13.04 (), Space		
YES;NO: Meets Business Name Sign	age Code, per Sec 12. ()	(use sign application form)	
YES;NO: Building/Property inspecte	ed/approved for compliance with Bui	Iding Code Occupancy Requirements	
Comments:			
OCCUPANCY CERTIFICATE ISSUED ON:			

This application has been reviewed in accordance with Section 3.03, and for compliance with the city zoning ordinance, and any building codes that pertain to the site use and conditions for a certificate of occupancy.

REVIEWED AND APPROVED BY:

\_\_\_\_\_\_and/or \_\_\_\_\_\_Date: \_\_\_\_\_\_ Steve Maciag, Building Inspector/Zoning Official Mike Greene, Asst. City Manager & Comm. Dev. Director Phone: 734-429-8296 ext 2223 Phone: 734-429-8296 ext 2222 E-mail: smaciag@cityofsaline.org E-mail: mgreene@cityofsaline.org CC/e-mail: City - Clerk, Treasurer, Assessor, Police Chief, Fire Chief, EDC Director, DPW Director