

APPLICATION FOR ZONING APPROVAL FOR COMMERCIAL/INDUSTRIAL PROPERTY

CHARTER TOWNSHIP OF LYON

58000 Grand River • New Hudson, MI 48165

Phone: (248) 437-2252 • Fax: (248) 446-0858

1. Building Information

Property address _____

Property ID _____

2. Applicant Information

Applicant's Name _____

Business Relationship to Property Owner Occupant

Mailing address _____ Suite/Unit # _____

City _____ State _____ Zip Code _____

Main Telephone # _____ Other Telephone # _____

Email Address _____

Corporate headquarters _____

***If LLC President or Chief Executive Officer Name, phone number, address is required.**

3. Property Owner Information

Owner's Name _____

Mailing address _____ Suite/Unit # _____

City _____ State _____ Zip Code _____

Main Telephone # _____ Other Telephone # _____

Email Address _____

Owner's Signature _____

***Property owner's signature and/or signed agreement must be provided by applicant.**

4. Business Information

Current Use _____

Proposed Use _____

Building / Site vacant? yes no If Yes, how long? _____

Interior alteration? yes* no As-is/Move In

***If yes, Building permits may be required.**

Business Information (continued)

Number of employees _____ Hours of Operation _____

Anticipated type of deliveries _____

Square footage _____ Type of refuse collection _____

Proposed Outdoor storage? yes* no *Additional approvals may be required.

If yes, what materials will be stored outside? _____

Description of proposed use:

5. Utilities

Please check how the property is serviced:

- | | |
|---|---|
| <input type="checkbox"/> Septic | <input type="checkbox"/> Well |
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Township Water |

All properties serviced by septic and well will require plan approval by the Oakland County Health Dept. to ensure the septic tank and field have the capacity to support the proposed use.

The Township recommends all properties connect to sanitary sewer and water, if applicable.

6. Applicant Signature

Applicant Signature _____

Printed Name _____ Date _____

* Additional approvals and/or permits may be required prior to opening a business. Please contact the Lyon Township Zoning Administrator if you have any questions regarding your re-occupancy application or additional approval requirements.

** All building and trades permits will be processed and issued by the Lyon Township Building Department.

Zoning Review

Location address _____

Date Forwarded to DDA (if necessary) _____

Parcel ID _____ Lots _____

Crossroads _____

Zoning _____ Use Permitted? yes no If yes - Permitted Special use

Required site improvements _____

Additional approvals required _____

Reviewer Name _____

Signature _____ Date _____

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