



Charter Township of Washington  
County of Macomb

Building Department  
57900 Van Dyke Washington, MI 48094 (586) 786-0010 Fax (586) 752-6463

**APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE,  
SPECIAL INSPECTIONS, CERTIFICATE OF OCCUPANCY**

A Certificate of Zoning Occupancy will not be issued until approvals have been obtained from the following departments: Plumbing, Mechanical, Electrical, Building and Fire Department, as well as the Macomb County Health Department, if applicable. A \$35 non-refundable fee is due upon application.

The Building Dept will coordinate with the Fire Marshal when ready for final occupancy inspection.

**NOTE: ALL SIGNS (NEW OR REFACED) MUST HAVE PROPER APPROVALS BEFORE INSTALLATION**

DATE: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

PARCEL I.D. #: \_\_\_\_\_ SUB.: \_\_\_\_\_ LOT: \_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_ Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Residence \_\_\_\_\_

PROPOSED USE: (Describe in detail) \_\_\_\_\_

PROPOSED NAME OF BUSINESS: \_\_\_\_\_

APPLICANT (Business Owner/Tenant): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License Number & Date of Birth: \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FORMER USE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INSPECTION REQUESTED: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED: \_\_\_\_\_ REJECTED: \_\_\_\_\_ USE GROUP: \_\_\_\_\_ LOAD: \_\_\_\_\_ PURPOSE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**DIRECTOR COMMENTS: 1) ALL SIGNS MUST BE APPROVED BY PLANNING/ZONING. 2) ANY CHANGE IN USE MUST BE APPROVED BY THE PLANNING COMMISSION AND BUILDING DEPARTMENT.**

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