

**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 1<sup>st</sup> floor: \_\_\_\_\_

Existing/previous occupant use of 2<sup>nd</sup> floor: \_\_\_\_\_

Existing/previous occupant use of 3<sup>rd</sup> 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:**

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

**Bldg inspector signature** \_\_\_\_\_

**Fire inspector signature** \_\_\_\_\_

**Comments if any:**



# BRIGHTON AREA FIRE AUTHORITY

615 W. Grand River, Brighton, MI 48116 Ph: 810-229-6640 Fax: 810-229-1619

## EMERGENCY CONTACT FORM

Please email completed form to [jcoil@brightonareafire.com](mailto:jcoil@brightonareafire.com).  
Submit an updated form whenever the information changes.

BUSINESS NAME		COMPLEX NAME		DATE
BUSINESS ADDRESS		SUITE	CITY	ZIP CODE
CHECK ONE: BRIGHTON CITY BRIGHTON TWP GENOA TWP		BUSINESS PHONE	BUSINESS FAX	BUSINESS WEBSITE
TYPE OF BUSINESS		OWN BLDG. LEASE BLDG.	BUSINESS OCCUPANCY SIZE SQ. FT.	BUILDING SIZE SQ. FT.
PROPERTY/COMPLEX OWNER OR MANAGER NAME		PRIMARY PHONE	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUILDING OWNER'S NAME (IF DIFFERENT THAN ABOVE)		PRIMARY PHONE	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUSINESS HOURS (MONDAY – FRIDAY)		SATURDAY HOURS		SUNDAY HOURS
FIRE ALARM YES NO	FIRE ALARM COMPANY	FIRE ALARM COMPANY PHONE		FIRE ALARM RESET CODE
BURGLARY ALARM SYSTEM YES NO	MONITORING SERVICE	PHONE NUMBER	ALARM PANEL LOCATION	
<b>THE FOLLOWING CONFIDENTIAL EMERGENCY CONTACT INFORMATION IS FOR FIRE DEPARTMENT USE ONLY</b>				
1. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
2. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
3. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
NOTES				
<u>KNOX BOX</u> YES NO LOCATION		<u>KNOX PADLOCK</u> YES NO LOCATION		<u>FIRE DEPARTMENT CONNECTION (FDC) ON SITE:</u> YES NO Indicate the side of your building where the FDC is located using North, South, East, West or a variation.
		<u>FIRE SPRINKLER SYSTEM</u> YES NO		
<u>AUTOMATIC EXTERNAL DEFIBRILLATOR – AED</u> YES HOW MANY? LOCATION OF AED'S		<u>GAS UTILITY</u> (Indicate side of building using North, South, East, West or a variation)		<u>ELECTRIC UTILITY</u> (Indicate side of building using North, South, East, West or a variation)
<u>HYDRANT LOCATION</u> (Indicate side of building using North, South, East, West or a variation)			<u>DISTANCE TO NEAREST HYDRANT</u> (Approximate distance in feet)	