

**PERMIT APPLICATION TO OCCUPY COMMERCIAL TENANT SPACE
CITY OF BRIGHTON
200 N. FIRST ST.
BRIGHTON, MI 48116
FEE: \$60.00**

PARCEL ID: 4718-_____

ZONING DISTRICT: _____

BUSINESS NAME: _____

ADDRESS/STE. #: _____

PHONE #: _____

FAX: _____

PROPOSED USE/USE GROUP: _____

PRIOR USE OF TENANT SPACE: _____

SPRINKLER SYSTEM: YES NO

BUILDING SF: _____

TENANT SPACE SF: _____

BUSINESS OWNER: _____

ADDRESS: _____

PHONE #: _____

BUILDING OWNER: _____

ADDRESS: _____

PHONE #: _____

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 ABOVE USE(S) IS EXPRESSLY PROHIBITED.

SIGNATURE OF APPLICANT: _____

DATE: _____

PRINTED NAME: _____

INSPECTIONS BY BUILDING AND FIRE DEPARTMENTS ARE REQUIRED PRIOR TO OCCUPANCY

FOR DEPT. USE ONLY:

Planning/Zoning:

APPROVED/NOT APPROVED (CIRCLE ONE)

REU'S NEEDED: _____

REU'S PAID: _____

Building Inspector Signature: _____

APPROVED/NOT APPROVED (CIRCLE ONE)

INSPECTION DATE: _____

Fire Inspector Signature: _____

APPROVED/NOT APPROVED (CIRCLE ONE)

INSPECTION DATE: _____

Comments, if any:

CITY OF BRIGHTON PERMIT NUMBER

LIVINGSTON COUNTY PERMIT NUMBER



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.
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	
THE FOLLOWING CONFIDENTIAL EMERGENCY CONTACT INFORMATION IS FOR FIRE DEPARTMENT USE ONLY				
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)	