



OFFICE OF COMMUNITY DEVELOPMENT

8140 Main Street • Dexter, Michigan 48130-1092 • (734) 426-8303 • Fax (734) 426-5614

APPLICATION FOR INTERIOR REMODEL/CHANGE IN TENANT OR USE

This form is to apply for an interior remodel (residential, commercial and/or industrial), change of tenant, or use change within a building, tenant space, or residential structure. Additional requirements may be necessary for change of use as required by Article 21 of the Zoning Ordinance.

Applicants must contact the Washtenaw County Building Department on all projects to verify conformance with the Michigan Building Code and barrier free requirements.

Address of Site: _____ Parcel ID#: _____

Name of Business/Tenant: _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____
(If different from Site Address)

Property Owner Email: _____

Applicant Name: _____ Phone: _____

Application Address: _____

Applicant Email: _____

Zoning District: _____

Type of Request: Interior Remodel Change in Tenant Change of Use

Does change of use require site plan approval? Yes No

Does proposed change meet parking standards? Yes No

Required Attachments:

For interior remodel and change of tenant: Floor Plan.
For change of use: Site Plan, if exterior changes are required.

Description of the Project:

Describe the proposed project: _____

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How will the site or building exterior be changed? _____

How will the site or building interior be changed? _____

If change in tenant:

Name of previous tenant/business: _____

Specific activities of previous use: _____

Specific activities of proposed use: _____

Please note that a sign permit is required separately in accordance with Article 7, Signs.

Applicant's Signature **Date** **Print Applicant's Name**

Property Owner's Signature **Date** **Print Property Owner's Name**

Staff Review: **Fee:** _____ **Date Received:** _____ **Receipt #** _____
Remodel (Commercial or Residential) \$25.00 fee

Site/Floor Plan	Acceptable		
	Yes	No	N/A
Site Plan for proposed use or alteration/remodeling plan/use.			
Floor plan of proposed structure or alteration/remodeling plan/use.			
Elevation views of the proposed structure			
Estimated tap fee or capital charges: _____			

Reviewed by: _____

Approved (Preliminary)

Approved (Final)

Denied

REASONS FOR DENIAL: _____

EXISTING NON-CONFORMITIES/VARIANCES GRANTED: _____

APPROVAL STAMP: