



OFFICE OF COMMUNITY DEVELOPMENT

8140 Main Street • Dexter, Michigan 48130-1092 • (734) 580-2233 • Fax (734) 426-5614

APPLICATION FOR INTERIOR/EXTERIOR REMODEL &/OR CHANGE IN TENANT OR USE

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

Identify Use (check box):

| | | | | | |
|--------------------------|-------------|--------------------------|-----------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Residential | <input type="checkbox"/> | Commercial/Industrial | <input type="checkbox"/> | Public-Quasi Public |
|--------------------------|-------------|--------------------------|-----------------------|--------------------------|---------------------|

Application for (check all boxes that apply):

| | | | | | | | |
|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|---------------|
| <input type="checkbox"/> | Interior Remodel | <input type="checkbox"/> | Exterior Remodel | <input type="checkbox"/> | Change of Tenant | <input type="checkbox"/> | Change of Use |
|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|---------------|

To be completed by staff:

| | App Fee: | Date Rec'd: | Amt. Pd.: | Receipt No.: |
|-------------------------------|----------|-------------|-----------|--------------|
| Change of Tenant/Use | \$30 | | | |
| Residential Remodel | \$50 | | | |
| Commercial/Industrial Remodel | \$75 | | | |

A Building Permit and Certificate of Occupancy must be obtained from the Washtenaw County Building Department for all Interior/Exterior Remodeling projects. Change of Tenant/Use Applicants must obtain a Certificate of Occupancy from the Washtenaw County Building Department.

Address of Site: _____ Parcel ID#: _____ Zoning District: _____

Applicant Name: _____ Phone: _____
(If different from Business Owner or Property Owner)

Applicant Address: _____

Applicant Email: _____

Property Owner Name: _____ Phone: _____

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

Property Owner Email: _____

Name of Business/Tenant: _____

Business Owner Name: _____ Phone: _____

Business Owner Email: _____ Business Website: _____

Required Attachments:

For interior remodel and change of tenant applications: Dimensioned floor plan.

For exterior remodel: Dimensioned elevation plan, which illustrates proposed exterior improvements, including materials of construction, colors, etc.

For change of use: Certificate of Occupancy from Washtenaw County Building Department

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Description of the Project:

Describe the proposed project: _____

Describe site or exterior building changes/improvements: _____

Describe 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 |
| Business Owner's Signature | Date | Print Business Owner's Name |

| Staff Review: | Acceptable | | |
|--|------------|----|-----|
| | Yes | No | N/A |
| Site/Floor Plan | | | |
| Site Plan/Special Use Plan for proposed use or alteration/remodeling plan/use. | | | |
| Floor plan of proposed structure or alteration/remodeling plan/use. | | | |
| Elevation plan of the proposed structure or exterior improvements. | | | |
| Estimated tap fee or capital charges: _____ | | | |
| Preliminary Zoning Compliance Approval | | | |
| Final Zoning Compliance Approval | | | |

Reviewed by: _____ Date: _____

| | |
|------------------------|---|
| APPROVAL STAMP: | REASON(S) FOR DENIAL: |
| | EXISTING NON-CONFORMITIES/VARIANCES GRANTED: |

*****APPROVAL EXPIRES SIX (6) MONTHS FROM THE APPROVAL DATE*****