

CITY OF ROMULUS

PLANNING DEPARTMENT APPLICATION FOR ZONING COMPLIANCE OF EXISTING STRUCTURES (REOCCUPANCY)

Address of Structure		Suite	Suite #		
Property I.D.#		Zoning	Use Group		
Sq. Ft	q. FtTotal Sq. Ft. of Building if part of Multi-tenant Building				
Name of Proposed Business					
Name of Applicant					
	(e Zip		
	Email Address				
Property Owner					
Address	City	/State	e Zip		
Telephone No	Email Address		_ Fax No		
addition to a \$75.00 site/landscaping inspection fee. In order to process this application, the following information must be provided (additional information may be requested after initial review): 1. A detailed use statement containing the following: □ Name, address and home telephone number of proposed business proprietor □ Name of proposed business □ Current and proposed use of structure(s) to be re-occupied □ Square footage of principle building/use area(s) □ Detailed description of proposed business □ Number of employees □ Hours of operation □ Number, sizes, types and purposes of trucks □ Description of any proposed site modifications Is outdoor storage proposed, including trucks and trailers? □ Yes □ No □ Description of all outdoor storage including trucks and trailers Is the property vacant? □ Yes □ No If so, for how long?					
and shall be prepare depict all of the fol □ Lot lines and pro□ Building dimensi □ Sidewalks □ Paved, gravel ar □ Dumpster location	operty dimensions	edgeable to prepare such deterior lighting isting landscaping isting and proposed signage nees and screening walls allable and proposed parking	locuments. Plot plans shall		

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City of Romulus

Planning Department Application for Zoning Compliance of Existing Structures (Reoccupancy)

- Copy of applicant's driver's license is required at time of filing
- Environmental Protection Screening Application (for Industrial Uses)

I attest that all provided information is true to the best of my knowledge

- SEMCOG Nonresidential Development Project Form
- <u>Upon issuance of a Certificate of Occupancy</u>, submit a business registration application with the City Clerk, located at 11111 S. Wayne Road.

OCCUPANCY OF THIS BUILDING IS NOT PERMITTED WITHOUT A CERTIFICATE OF OCCUPANCY!

Tattest that all provided information is true to the best of my knowledge.					
Applicant Name (Print)					
Signature of Applicant	Date				
Owner/Agent Name (Print)					
Signature of Owner/Agent	_ Date				
FOR DEPARTMENT USE ONLY					
FOR DEPARTMENT USE ONLY Zoning Compliance:					
Authorized Signature	Date				

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City of Romulus ENVIRONMENTAL PROTECTION SCREENING APPLICATION



Planning Department 11111 Wayne Road, Romulus MI 48174 Phone: (734) 955-4530 Fax (734) 941-5842
Building and Safety Department 12600 Wayne Road, Romulus MI 48174 Phone: (734) 942-7550 Fax (734) 941-5799
www.romulusgov.com

The Environmental Protection Ordinance Screening Application MUST accompany all applications to the Planning

Commission/Planning Department. Any YES answer will aut prior to being placed on the Planning Commission or Board of A	tomatically be referred to the Environmental Protection Board Appeals (where applicable) agenda.
The Environmental Protection Board is administered through (734) 942-7550 for further information.	the Building and Safety Department and can be reached at
Name of Development/Project: Property Address: Parcel ID#'s:	This Section to be filled out by City Case Number:
The property is located on the NORTH/SOUTH/EAST/WEST side ofRoad; BetweenRoad andRoad. The property has a frontage offeet and a Depth ofFeet. Property Zoning:Proposed Use/Development:	Date Submitted: Date Filed: Are any of the boxes below checked YES? If so, transmit to Building Department. Date Transmitted to Building Department:
Environmental Screening Questionnaire: All Questions MUST b	pe answered.
Please answer if the proposed use of the site will involve construction the following:	
A hazardous waste disposal facility, as defined in MCL 32	
A hazardous waste treatment facility, as defined in MCL 3.	24.11104(a)
3. A hazardous waste storage facility, as defined in MCL 324	1.11104(4)
4. A hazardous waste limited storage facility, as defined in M	ICL 324.11103(7)
5. A hazardous waste transfer facility as defined in Michigan	Administrative Code R 299.9108 (f)
6. A solid waste disposal area, as defined in MCL 324.11503	3 (2)
7. A liquid industrial waste disposal area, as defined in MCL	324.1210 (7)
8. A waste disposal well, as defined in MCL 324.62501 (c)	
9. A source or sources of any contaminants which require(s) MCL 324.5506	a renewal operating permit pursuant to
10. Will the proposed use of the site involve the presence of a identified under 40 CFR Part 355 at or above threshold pla	

City of Romulus ENVIRONMENTAL PROTECTION SCREENING APPLICATION Pg. 2

Property Owner Information: Name: Street: City: State: Phone: () E-mail	Applicant Information: Name: Street: City: State: Zip: Phone: () E-mail:				
Affidavit of Petitioner: I, The undersigned petitioner, being duly sworn, depose and say that the statements and information herewith submitted are true and correct to the best of his/her knowledge, information and belief; further that s/he is authorized to submit this petition. I further acknowledge that the City and its employees shall not be held liable for any claims that arise as a result of acceptance, processing, or approval of this site plan application.					
Print Property Owners Name Date	Print Applicant Name Date				
Signature of Property Owner Date	Signature of Applicant Date	_			
Notary for Property Owner:	Notary for Applicant:				
Subscribed and sworn before me, thisday of20A Notary Public in and for County, Michigan.	Subscribed and sworn before me, thisday of20A Notary Public in and for County, Michigan.				
(Signature) Notary Public My Commission expires, 20	(Signature) Notary Public My Commission expires, 20				





Nonresidential Development Project Form

Please complete this form for each new nonresidential construction project in your community. Return form(s) via email or fax using contact information on bottom of this page. Thank you.

Location (please pro	vide parcel id if address not assigned yo	et)		
Address:				
Parcel Numbe	er/APN:			
Status COMPLE Year		TRUCTION	PROPOSED Projected Start	
		☐ Industrial or Ward ☐ Medical/Hospital ☐ Office ☐ Transportation		
Investment Valu	ie \$			
Construction Ty	pe and Building Size –	please circle one and provide	square feet of floorspace	
NEW	or REDEVELOPMENT (demolish and rebuild)	Square Feet	of Project	
ADDITION Square Feet of Project (to an existing structure)				
RENOVA (of an existin	ı	of Project		
JOBS A	DDED	JOBS RETA	AINED	
	nstruction	se check box and fill in	n your community name below.	