



The Charter Township of Commerce Procedures for Opening a New Business

If you wish to open a new business, change the use of an existing building, or re-open after a period of 6 months, a new Certificate of Compliance must be obtained.

1. Application – Zoning Review Application

- Application fee \$54.00
- All applicants must submit application for zoning review, along with a site plan and pictures.
- Township will verify that the proposed business would be allowed in zoning classification
- Township will verify parking availability for type of business
- Township will verify that property meets all requirements of the Zoning Ordinance
- Township will contact applicant with results of review, then you may proceed to step 2

2. Application – Inspection Application

- Inspection fess will be \$258.00, along with the non-domestic user survey form
- All owners must submit an application to Inspect Existing Structure, to the Building Department
- Applications must be signed by property owner, or submit a notarized letter agreeing to inspections

Inspections

- The following inspections will be performed: Building, Electrical, Mechanical, Plumbing, Property Maintenance, Fire Safety and Water & Sewer for compliance with ordinance 62.
- A ladder needs to be on-site for inspections

Corrections

- You will receive a list of violations for each inspection performed
- Corrections must be made prior to occupy the building
- Repairs must be completed by a licensed contractor. Permits may be necessary, depending upon nature of violation

Re-Inspections

- When corrections are complete, it is your responsibility to call for re-inspection, inspectors will not come out automatically
- If violations are not corrected within three months,

3. Final approval

- Once all approvals have been obtained, please call to verify that the Certificate of Compliance has been signed, before coming in. When you come for the Certificate make sure you bring in your completed Business Information and Emergency Contact form

******* CERTIFICATES OF COMPLIANCE ARE NON TRANSFERABLE *******



ZONING REVIEW APPLICATION

Pictures of building and a site plan must be provided at time of application

LOCATION

| | |
|----------------------------------|-----------------------------|
| Address _____ | Parcel/Sidwell number _____ |
| Plaza name (if applicable) _____ | |

PROPERTY OWNER

| | |
|---------------------|-----------------|
| Name _____ | |
| Address _____ | |
| Telephone _____ | Fax _____ |
| Other contact _____ | Telephone _____ |

BUILDING INFORMATION

| | |
|-------------------------------|--|
| Existing parking spaces _____ | Water <input type="checkbox"/> Municipal <input type="checkbox"/> Well |
| Zoning classification _____ | Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Well |

BUSINESS INFORMATION

| | |
|--|---------------------------|
| Business name _____ | |
| Owner's name _____ | |
| Telephone _____ | Fax _____ |
| Other contact _____ | Telephone _____ |
| Type of business _____ | |
| Hours of operations _____ | Number of employees _____ |
| Explain use in detail _____ _____ | |
| List goods and/or services provide, sold or stored _____ _____ | |

Applicant signature

Date

Print name

Site plan

Pictures

Approved by: _____ Date: _____



APPLICATION TO INSPECT EXISTING BUILDINGS

PROPERTY INFORMATION

| | |
|----------------------------|-------|
| Address | _____ |
| Sidwell | _____ |
| Plaza name (if applicable) | _____ |

OWNER INFORMATION

| | |
|-----------------|-------|
| Name | _____ |
| Telephone / Fax | _____ |
| Other contactor | _____ |

BUSINESS INFORMATION

| | |
|-------------------------|-------|
| Name of business | _____ |
| Business owner | _____ |
| Telephone / Fax | _____ |
| Other contact/telephone | _____ |

RESULTS WILL BE MAIL / FAX TO OWNER AND _____

Owner of property signature: _____ Date: _____



BUSINESS INFORMATION AND EMERGENCY CONTACT INFORMATION

BUSINESS

Name _____
Type of business _____
Address _____
Phone _____ Fax _____
Hours _____

BUSINESS OWNER

Name _____
Address _____
Phone _____ Cell _____

OWNER OF BUILDING

Name _____
Address _____
Phone _____ Cell _____

ALARM COMPANY _____ Phone _____

OTHER EMERGENCY CONTACT

Name _____
Phone _____ Cell _____

Name _____
Phone _____ Cell _____

ANY ADDITIONAL INFORMATION
