

Ray Township Building Department
64255 Wolcott
Ray Township, MI 48096
(586)749-5171 Ext 203

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

This application must be approved prior to the establishment of any new use in any zoning district. An approved application confirms that the proposed use described is legally permitted to be established at this location.

**A non-refundable fee is due with this application*

Certificate of Zoning Compliance Instructions & Procedures

SINGLE FAMILY RESIDENCE, FARM BUILDINGS, INDUSTRIAL / COMMERCIAL / OFFICE / MIXED USE / MULTIPLE FAMILY (Apartments, Condominium, Manufactured Housing)/ COMMERCIAL/CONDOMINIUM

A Certificate of Zoning Compliance must be completed for the following:

1. A new use of an undeveloped parcel
2. A new use in an existing structure
3. An existing use is relocating to a different building within the complex
4. An existing use is moving to a new suite within the building or enlarging current space
5. Existing use changes business name, use remains the same
6. Existing use changes ownership, use remains the same
7. Home Occupation 1 ___ Home Occupation 2 ___

SUBMIT to the Building Department:

1. **COMPLETE** and **SIGN** next page of this **APPLICATION**
2. **ONE** copy of lease or rental agreement for this property
3. **PLOT/SITE PLANS** as required below:
 - Single Family Residence: Plot plan 3 copies
 - Farm Buildings: 3 copies of Plot Plan
 - All other uses if new Construction: Attach Application for **SITE PLAN APPROVAL**
 - All other uses as noted in numbers 2-7 above: 4 copies of **SITE/PLOT** plan
4. **FOUR** copies of the interior floor layout: **(IF APPLICABLE)**
5. **PLAN REVIEW & CZC FEE PAYMENT DUE WITH APPLICATION**

PAYABLE TO "Ray Township". FEES ARE NON-REFUNDABLE

The Compliance **REVIEW** process will take between 5 and 7 working days. The Building Department will contact the applicant and owner by mail when the review process is completed. Any comments made regarding the Application will be duly noted. If approval cannot be given the Applicant will be made fully aware of the necessary steps to resolve objections. The Applicant must satisfy any steps noted on the CZC as conditions such as obtaining a Site Plan Approval or Special Land Use Approval prior to receiving a Certificate of Zoning Compliance.

ALL SIGNS (NEW OR REFACED) MUST BE APPROVED BY PLANNING/ZONING PRIOR TO INSTALLATION

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PROPOSED USE: _____
PARCEL I.D. #: 05- _____
ADDRESS OF PARCEL: _____ SUITE# (if applicable): _____
NAME OF SHOPPING CENTER or INDUSTRIAL COMPLEX IF APPLICABLE: _____
EXISTING ZONING: _____

APPLICANT INFORMATION:

NAME: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Choose one: Owner Landlord Real Estate Broker Other _____
If Applicant is other than Owner, please provide:
Property Owner Name/address: _____ Phone: _____

PROPOSED USE: Farm Building Single Family Residence Multiple Family Use Condominium
 Apartments Manufactured Housing Mixed Use Warehousing (storage) Office Retail
 Personal Services Assembly Institutional Food & Beverage Service Public Use Other:
(Describe in detail)

CHECK ALL THAT APPLY:

Business Name Change Ownership Change New Tenant Use Change

Physical Alterations / Construction to the Building: WILL NOT be made WILL be made
If alterations will be made Building/Trade Permit(s) are required.
Upon completion of all inspections a CERTIFICATE OF OCCUPANCY will be issued.

APPLICANT'S SIGNATURE: _____ DATE: _____
Printed Name: _____

**IT SHALL BE UNLAWFUL TO PERMIT THE OCCUPANCY OF ANY BUILDING OR SPACE UNTIL A
CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED FOR SUCH USE.**

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CERTIFICATE OF ZONING COMPLIANCE
BUILDING DEPARTMENT OFFICE USE ONLY

(BUILDING DEPT - Initial Upon Receipt)

- COMPLETED APPLICATION
- PAYMENT RECEIVED
- COPY OF LEASE ATTACHED
- COPIES OF PLOT PLAN OR REQUIRED NUMBER ON SITE PLAN APPLICATION
- COPIES OF FLOOR PLAN OR REQUIRED NUMBER ON SITE PLAN APPLICATION

DEPARTMENTAL REVEIWS COMPLETED: (BUILDING DEPT - Initial & check one)

- | | |
|--|--|
| <input type="checkbox"/> INITIAL REVIEW | <input type="checkbox"/> FOLLOW-UP REVIEW |
| <input type="checkbox"/> ASSESSING: | <input type="checkbox"/> ASSESSING |
| <input type="checkbox"/> Approved, No Comments | <input type="checkbox"/> Approved, No Comments |
| <input type="checkbox"/> Approved, With Comments | <input type="checkbox"/> Approved, With Comments |
| <input type="checkbox"/> Not Approved, See Attached Comments | <input type="checkbox"/> Not Approved, See Attached Comments |
| <input type="checkbox"/> PLANNING | <input type="checkbox"/> PLANNING |
| <input type="checkbox"/> Approved, No Comments | <input type="checkbox"/> Approved, No Comments |
| <input type="checkbox"/> Approved, With Comments | <input type="checkbox"/> Approved, With Comments |
| <input type="checkbox"/> Not Approved, see Attached Comments | <input type="checkbox"/> Not Approved, see Attached Comments |
| <input type="checkbox"/> FIRE | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> Approved, No Comments | <input type="checkbox"/> Approved, No Comments |
| <input type="checkbox"/> Approved, With Comments | <input type="checkbox"/> Approved, With Comments |
| <input type="checkbox"/> Not Approved, see Attached Comments | <input type="checkbox"/> Not Approved, see Attached Comments |
| <input type="checkbox"/> BUILDING | <input type="checkbox"/> BUILDING |
| <input type="checkbox"/> Approved, No Comments | <input type="checkbox"/> Approved, No Comments |
| <input type="checkbox"/> Approved, With Comments | <input type="checkbox"/> Approved, With Comments |
| <input type="checkbox"/> Not Approved, see Attached Comments | <input type="checkbox"/> Not Approved, see Attached Comments |
| <input type="checkbox"/> SUPERVISOR (as required) | <input type="checkbox"/> SUPERVISOR (as required) |
| <input type="checkbox"/> Approved, No Comments | <input type="checkbox"/> Approved, No Comments |
| <input type="checkbox"/> Approved, With Comments | <input type="checkbox"/> Approved, With Comments |
| <input type="checkbox"/> Not Approved, see Attached Comments | <input type="checkbox"/> Not Approved, see Attached Comments |

Date: _____ Letter sent to Applicant signed by Building Official

- CZC Approved;
- CZC on hold subject to conditions cited from Department Heads (See Letters)
- Applicant Response to Department Head comments submitted; Date: _____
- Applicant Response sent to Department Heads; Date: _____
- Department Responses compiled; Date: _____; CZC APPROVED CZC DENIED

FOLLOW-UP REVIEWS IF NECESSARY