

**VILLAGE OF OXFORD - APPLICATION FOR OCCUPANCY
ZONING COMPLIANCE FORM
22 W. BURDICK, PO BOX 94, OXFORD, MI 48371
PH: 248.628.2543 FAX: 248.628.9760**

PART 1 – Use

PERMIT FEE IS \$75.00

Date: _____

Property Address: _____

Owner's Name: _____ **Work Phone:** _____

Address: _____ **Home/Cell Phone:** _____

PROPOSED USE:

Contact Person: _____ **Phone:** _____

Address: _____

Proposed Business Name: _____

Describe IN DETAIL the nature of the proposed business:

COMPLETION OF THIS FORM DOES NOT GUARANTEE OCCUPANCY. A "CERTIFICATE OF OCCUPANCY" MAY BE ISSUED FOLLOWING REVIEW BY THE BUILDING/ZONING OFFICIAL. THE VILLAGE OF OXFORD RESERVES THE RIGHT TO DENY OCCUPANCY UNTIL ALL APPLICABLE FEES HAVE BEEN PAID \$75.00.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR VILLAGE USE ONLY

BOCA USE GROUP CLASSIFICATION: _____ **VILLAGE USE CLASSIFICATION:** _____

ZONING CLASS-REQUIRED FOR PROPOSED USE: _____ **CURRENT ZONING OF PROPERTY:** _____

_____ **APPROVED** – The proposed use meets requirements of the Village of Oxford Zoning Ordinance #307

_____ **DENIED** – The proposed use does not meet requirements of the Village of Oxford Zoning Ordinance #307, for the following reasons:

OXFORD POLICE AND FIRE DEPARTMENT
22 W. BURDICK, PO BOX 94, OXFORD, MI 48371
PH: 248.628.2581 FAX: 248.628.7030
Serving the Village of Oxford

DATE: _____

ADDRESS: _____ OWNER: _____

BUSINESS INFORMATION:

DEPARTMENTS RECORD ALL KNOWN BUSINESSES IN THE VILLAGE OF OXFORD. THIS INFORMATION IS NEEDED IN CASE OF AN EMERGENCY AND IS NECESSARY TO CONTACT THE OWNER OR PERSON WITH AUTHORITY.

PLEASE FILL IN ALL THE INFORMATION. YOUR CO-OPERATION IS APPRECIATED.

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____ Type of Business: _____

FOR AFTER HOURS CONTACT NAMES AND PHONE NUMBERS:

<u>NAME</u>	<u>PHONE #</u>	<u>TITLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALARM COMPANY: _____ PH: _____

CIRCLE WHICH ITEMS APPLY TO THE ALARM:

ENTRY PANIC FIRE AUDIBLE SILENT AUTO RESET MANUAL RESET

CHEMICAL HAZARDOUS MATERIALS ON SITE YES NO
List chemicals: _____

HOURS OF OPERATION: SUNDAY _____ MON _____ TUES _____
WED _____ THURS _____ FRI _____ SAT _____

ANY ADDITIONAL INFORMATION:

SIGNED: _____ DATE: _____