

VILLAGE OF OXFORD Building
 Services Department 22 West
 Burdick, P.O. Box 94, Oxford,
 MI 48371-0094 248-628-2543
 or email to:
 office@thevillageofoxford.org



ZONING COMPLIANCE APPLICATION

PART I – PROPOSED USE	
Property Address:	Date:

PROPERTY OWNER’S NAME			
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

BUSINESS OWNER’S NAME			
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

PROPOSED BUSINESS NAME:

DESCRIBE IN DETAIL THE NATURE OF THE PROPOSED BUSINESS: _____

FEE: \$75 PLEASE MAKE CHECKS PAYABLE TO: **VILLAGE OF OXFORD.**

COMPLETION OF THIS FORM DOES NOT GUARANTEE OCCUPANCY; **THIS FORM IS FOR ZONING COMPLIANCE ONLY.**

A “CERTIFICATE OF OCCUPANCY” MAY BE ISSUED FOLLOWING REVIEW BY THE BUILDING OFFICIAL. BUILDING AND TRADE PERMITS MAY BE REQUIRED FOR ANY MODIFICATIONS OF BUILDING. CONTACT BUILDING OFFICIAL TO DETERMINE IF ADDITIONAL PERMITS WILL BE REQUIRED.

PART II – 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 INFORMATION.

Business Name	Phone
Business Address	Type Of Business

FOR AFTER HOURS CONTACT NAMES AND PHONE NUMBERS:

Name	Phone #	Title

Alarm Company: _____ Phone: _____

Will There Be Chemical Hazardous Materials On Site? Yes No

Please List All Chemicals: _____

Business Hours of Operation:

Sunday	-
Monday	-
Tuesday	-
Wednesday	-
Thursday	-
Friday	-
Saturday	-

Any Additional Information: _____

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

FOR VILLAGE USE ONLY

M.B.C 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

ADDITIONAL APPROVALS REQUIRED

Sketch Plan

Site Plan

Special Use

DENIED – The proposed use does not meet requirements of the Village of Oxford Zoning Ordinance for the following reasons:
