

CITY OF FERNDALE
ZONING DETERMINATION REQUEST

PROPERTY ADDRESS AND CURRENT BUSINESS NAME OR USE:

APPLICANT:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

PROPERTY OWNER:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

DESCRIPTION OF PROPOSED USE:

No. of Employees _____

No. of Parking Spaces on Site _____

**APPROVED PLANS AND PERMITS REQUIRED PRIOR TO
ALTERATIONS OR CONSTRUCTION.**

FOR OFFICE USE ONLY

Date of Request: _____

Business Registration Required: _____

Zoning Classification
and Section: _____

Certificate of Occupancy Required: _____

Submit to Oakland County Health Dept: _____

Determination Made By: _____

Date of Notification: _____ By: _____

USE ALLOWED: YES _____ **NO** _____

Ordinance 918 Application Required: _____

COMMENTS

