

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 _____

Certificate of Occupancy Required _____

and Section _____

Submit to Oakland County Health Dept. _____

Determination Made By: _____

Date of Notification _____ By _____

USE ALLOWED YES _____ NO _____

Ordinance 918 Application Required _____

COMMENTS

