



**APPLICATIONS FOR BUSINESS REGISTRATION
and/or CHANGE IN OCCUPANCY
for all parcels in OS1, B1, B2, B3, I1, I2, Home Occupation**

Completed forms to be submitted at City Hall 150 N. Main Street, Imlay City, MI 48444

1. **Business Registration Application**
Business registration application is to be submitted for any new business opening or an existing business that is relocating within the city limits.
Fee: \$0

2. **Emergency Contact Form**
To help ensure the most timely response to an emergency response current contact information must be maintained in our system. If this information changes, please submit a revised form.
Fee: \$0

3. **Utility Service Application**
To establish utility service, to change a responsible party name at an existing location, and to ensure that the City of Imlay City Utility Billing Department can accommodate your utility needs the application must be submitted prior to service being turned on.
Deposit: \$150

4. **Zoning Compliance / Certificate of Occupancy Permit – (New Use in Existing Building)**
A zoning compliance permit is necessary to determine if a proposed business meets the City's zoning ordinance use and other requirements to locate at a particular location. An occupancy Certificate must be approved prior to a business opening.
Fee: \$50

Fire Department Inspection (if applicable): \$_____

5. **Temporary Sign Permit Application**
Temporary or short-term signage is approved administratively. This includes flag signs, banners/ for special events, yard signs (non-commercial use) or sandwich board styles.
Fee: \$0

NOTE

Additional Permits for Signage and/or Building Interior Work such as Electrical, Plumbing, Mechanical, Wall Construction, etc. may be necessary. Please contact the Construction Code Authority at (810) 667-0420 for further information on these permits.



**** Please keep a copy of this form somewhere on the premises and UPDATE this form with the City if there are any changes. ****

Telephone of alarm company: _____

NUMBER

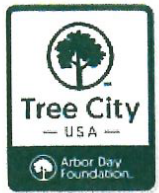
*****Information provided is used for City and Central Dispatch emergencies only*****



CITY OF IMLAY CITY

MUNICIPAL OFFICES

150 NORTH MAIN STREET, IMLAY CITY, MI 48444
(810) 724-2135 • (810) 724-1881 FAX
www.imlaycity.org



APPLICATION TO CHANGE WATER/SEWER/GARBAGE

Date of Application: _____

Service Requested: ☐ **ON** ☐ **OFF** ☐ **FINAL**

Name: _____

Service Address: _____

Mailing Address: _____

Telephone: _____ Alternate phone: _____

Email: _____

Rental ☐ **YES** ☐ **NO**

If yes, Landlord: _____

Landlord address: _____

Landlord Telephone Number: _____

Landlord Email: _____

Verify Identification: ☐ Copy of Identification

I am requesting service to be turned on/off at the above listed service address effective _____.

Signature of Applicant

\$150 deposit is required.

Email completed form to utilitybiller@imlaycity.org

City of Imlay City
BUSINESS REGISTRATION APPLICATION

PLEASE COMPLETE IN FULL

(If you need assistance completing this form, please visit City Hall 150 N. Main Street)

BUSINESS INFORMATION:

Name of Business _____ Home Occupation ☐ Yes ☐ No

DBA _____ Federal ID # _____

Business Address: _____ Email: _____

Mailing Address (if different) _____

Business Phone _____ Business Fax _____

Website Address: _____

Business Start Date _____ Property Tax ID # _____

Business Start Date at this location (if different from above) _____

Brief Description of Operation (types of goods/services) _____

If Food Service Business License # _____ Date of last Inspection: _____

Number of Employees Full Time _____ Part Time _____ Other _____

Business Type Corporation _____ Partnership _____ Sole Proprietorship _____ Other (Describe) _____

Business Property Own _____ Lease _____ Zoned As _____

If leased, property owner and address _____

Is this a temporary business? Yes ☐ No ☐ Expected Close Date _____

Was this business located elsewhere in the city? Yes ☐ No ☐

If yes, where? _____

Did this business operate under a different name in the previous year? Yes ☐ No ☐ If

yes, what? _____

Business Hours of Operation: Mon ____ to ____ Tues ____ to ____ Wed ____ to ____

Thurs ____ to ____ Fri ____ to ____ Sat ____ to ____ Sun ____ to ____

BUSINESS OWNER INFORMATION

Name of Owner _____ Phone _____

Owner's Address _____

Name of Owner _____ Phone _____

Owner's Address _____

Name of Owner _____ Phone _____

Owner's Address _____

Name of person in charge of records _____ Phone _____

EMERGENCY INFORMATION

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

BUILDING INFORMATION

Alarm Company Name _____

Alarm Company Phone _____

Type of Alarms on Premises Holdup _____ Break-in _____ Fire _____ Silent _____

Do you have a safe/vault on premises? Yes ☐ No ☐Is the safe/vault visible from the outside? Yes ☐ No ☐Are there hazardous materials on the premises? Yes ☐ No ☐Is there a sprinkler system? Yes ☐ No ☐City water usage only? Yes ☐ No ☐Will this business generate a large amount of water usage or sewer discharge? Yes ☐ No ☐

If yes, for what purpose: _____

As the owner of the above said business making application for this registration or an authorized representative of said business and depose and say that I have read the foregoing application and know the contents thereof, and that the same is true to the best of my knowledge.

Applicant Name _____ Owner _____ Manager _____

Signature _____ Officer _____ Other _____

For Office Use Only:

Date Received: _____

Amount Received: _____

Receipt #: _____

City of Imlay City
APPLICATION FOR A CERTIFICATE OF ZONING COMPLIANCE (OCCUPANCY)
OF EXISTING BUILDING

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

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

Certificate of Zoning Compliance Instructions & Procedures
INDUSTRIAL / COMMERCIAL / OFFICE / MIXED USE / MULTIPLE FAMILY (Apartments, Condominium,
Manufactured Housing)/ COMMERCIAL/CONDOMINIUM

This Certificate of Zoning Compliance **MUST be completed for the following:**

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

APPLICATION MUST INCLUDE FOLLOWING BEFORE SUBMISSION:

- ☐ Copy of lease or rental agreement for this property if not owner occupied
- ☐ Copy of the interior floor layout (if applicable for interior build out/renovations)
- ☐ COMPLETED BUSINESS EMERGENCY CONTACT FORM
- ☐ CZC FEE PAYMENT DUE WITH APPLICATION
- ☐ COMPLETE and SIGN next page of this APPLICATION

To be completed by Zoning Administrator Upon Receipt:

_____ **COMPLETED APPLICATION**
_____ **PAYMENT RECEIVED**
_____ **COPY OF LEASE ATTACHED**
_____ **BUSINESS EMERGENCY CONTACT FORM**

Zoning Administrator Signature _____ Date: _____

The Compliance REVIEW process will take between 5 and 7 working days. The Building Department will contact the applicant and owner 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 before receiving a Certificate of Zoning Compliance.

PROPOSED USE: _____

PARCEL I.D. #: _____

ADDRESS OF PARCEL: _____ SUITE# (if applicable): _____

NAME OF SHOPPING CENTER or INDUSTRIAL COMPLEX IF APPLICABLE: _____

EXISTING ZONING: _____

APPLICANT INFORMATION:

NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Choose one: _____ Owner _____ Landlord _____ Real Estate Broker _____ Other

If the applicant is other than the owner, please provide:

Property Owner Name/address: _____

Phone: _____ Email: _____

PROPOSED USE: (CHECK ALL THAT APPLY:)

Condominium _____ Apartments _____ Manufactured Housing _____ Mixed Use _____

Warehousing (storage) _____ Office _____ Retail _____ Personal Services _____ Assembly _____

Institutional _____ Food & Beverage Service _____ Public Use _____

CHECK ALL THAT APPLY:

_____ Ownership Change _____ New Tenant _____ Use Change _____ Business Name Change

Physical Alterations (Interior or Exterior) / Construction: WILL NOT be made _____ WILL be made _____

If alterations will be made Building/Trade Permit(s) are required.

ALL SIGNS MUST HAVE AN APPROVED PERMIT BEFORE INSTALLATION

APPLICANT'S SIGNATURE: _____ DATE: _____

Printed Name: _____

Application for Temporary Sign Permit

CITY OF IMLAY CITY
150 N. MAIN ST
IMLAY CITY, MI 48444 (810) 724-2135
ZONING ORDINANCE IS AVAILABLE ONLINE
www.imlaycity.org

Site Location for Temporary Sign:

Name of Owner/Business: _____

Address of Site: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____

Business Owner Signature: _____ Date: _____

Property Owner (if different from above):

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____

Property Owner Signature: _____ Date: _____

◆ Description of Work ◆

Color drawings showing design, size, height, materials, and placement MUST be included

TYPE OF TEMPORARY SIGN: _____ NUMBER OF SIGNS: _____

Dates sign to be displayed FROM: _____ TO: _____
Must be removed PROMPTLY.

Dimensions of Sign: _____ Square Footage of Sign: _____
In NO case shall the sign be located within the public road right-of-way.

City Authorized Signature: _____ Date: _____

Approved Denied Reason:

Article 4.4
Section 4.45
j. Temporary Signs

j. Temporary Signs:

1. All temporary signs must comply with the sign size and height standards as specified in the Sign Regulations Based on Sign Types.
2. Location of Temporary Signs shall comply with the following:
 - a) Temporary signs shall not be attached to any utility pole, tree, fence, or be located within any public right-of-way.
 - b) Temporary signs shall not be located closer than two (2) feet to the edge of the traveled portion of the roadway, and in no case shall they be located within the public right-of-way. The Zoning Administrator, or his/her designee, may administratively approve signs in the public right-of-way or public easement if the Zoning Administrator determines that subparagraphs d. through g. below have been met. The Zoning Administrator, in his/her sole discretion, may refer any request for signs in the public right-of-way or public easement to the City Commission for approval.
3. The Zoning Administrator, or his/her designee, may administratively approve signs for community events or special events if the Zoning Administrator determines that subparagraphs 4 through 7. below have been met. The Zoning Administrator, in his/her sole discretion, may refer any request for community events or special events to the City Commission for approval.
4. Temporary signs shall not be erected in such a manner that they shall or may reasonably be expected to interfere with, obstruct, confuse, or mislead traffic.
5. Temporary signs cannot be placed or constructed to create a hazard of any kind.
6. Temporary signs may not be posted on private property without first obtaining the permission of the property owner.
7. Signs shall not be located within any clear vision triangle.
8. Each temporary sign shall be removed within sixty (60) days of placement. Furthermore, no sign may be erected on a single parcel for more than sixty (60) calendar days out of every one hundred twenty (120) calendar days. Signs expressing First Amendment speech shall be exempt from this time limitation.

For the COMPLETE sign ordinance go to [Imlay City zoning-and-ordinances](#) scroll down to Zoning Ordinance PDF
The Sign Ordinance is Article 4: Development Standards, Division 4: Signs page 195

DEPARTMENTAL REVIEWS COMPLETED:

FIRE CHIEF:

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

POLICE CHIEF:

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

CONSTRUCTION CODE AUTHORITY (Building)

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

PLANNER (if applicable):

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

UTILITY BILLING / CLERK

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

DPW

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

WASTE WATER

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

TREASURER

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

DOWNTOWN DEVELOPMENT AUTHORITY (if applicable):

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

CITY MANAGER

____ Approved, No Comments ____ Approved, WITH Comments ____ Not Approved, see attached Comments

Signature _____ Date: _____

Upon completion of all inspections, a CERTIFICATE OF OCCUPANCY will be issued.

____ CZC APPROVED ____ CZC DENIED

Zoning Administrator Signature _____ Date: _____