



CITY OF BRIGHTON APPLICATION TO OCCUPY TENANT SPACE

200 N. First Street - Brighton, MI 48116 - commdev@brightoncity.org - 810.844.5149

Requirements

- Completed application.
- \$75 fee.
- A floor plan, drawn to scale, with details showing all accessibility requirements.

A permit will be issued by the City of Brighton after review of the application and its requirements. Inspections may be scheduled thereafter. A certificate of occupancy will be issued within four (4) business days, upon completion and approval of final inspections by the Livingston County Building Department and Brighton Area Fire Authority. It is unlawful to use or occupy a structure without a certificate of occupancy under Michigan Compiled Law 125.153.A.

Location: _____ Area of Tenant Space: _____ square feet

Proposed Use of Space: _____

Previous Use of Tenant Space: _____

Applicant Name: _____ Phone: _____

Email: _____

Address: _____

Business Name: _____ Phone: _____

Business Owner: _____

Email: _____

Address: _____

Building Owner: _____ Phone: _____

Email: _____

I am aware that approval of the above use and occupancy change(s) is limited to those described, and that any further change, addition, or expansion from the above use(s) is prohibited.

Signature of Applicant

Date



BRIGHTON AREA FIRE AUTHORITY

615 W. Grand River Avenue, Brighton, MI 48116 * Ph: 810-229-6640 * Fax: 810-229-1619

EMERGENCY CONTACT FORM

Please give completed form to Firefighter during inspection or email to: ireport@brightonareafire.com
Submit an updated form whenever the information changes.

BUSINESS NAME		COMPLEX NAME		DATE
BUSINESS ADDRESS		SUITE	CITY	ZIP CODE
CHECK ONE: BRIGHTON CITY BRIGHTON TWP GENOA TWP		BUSINESS PHONE	BUSINESS FAX	BUSINESS WEBSITE
TYPE OF BUSINESS		OWN BLDG. LEASE BLDG.	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
PROPERTY/COMPLEX OWNER OR MANAGER NAME		PRIMARY PHONE	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUILDING OWNER'S NAME (IF DIFFERENT THAN ABOVE)		PRIMARY PHONE	EMAIL (INSPECTION REPORTS SENT BY EMAIL)	
BUSINESS HOURS (MONDAY – FRIDAY)		SATURDAY HOURS		SUNDAY HOURS
FIRE ALARM YES NO	FIRE ALARM COMPANY	FIRE ALARM COMPANY PHONE		FIRE ALARM RESET CODE
BURGLARY ALARM SYSTEM YES NO	MONITORING SERVICE	PHONE NUMBER	ALARM PANEL LOCATION	
THE FOLLOWING CONFIDENTIAL EMERGENCY CONTACT INFORMATION IS FOR FIRE DEPARTMENT USE ONLY				
1. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
2. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
3. EMERGENCY CONTACT'S NAME		TITLE/AFFILIATION		
AFTER HOURS PHONE	DAYTIME PHONE	EMAIL ADDRESS		
NOTES				
<u>KNOX BOX</u> YES NO LOCATION		<u>KNOX PADLOCK</u> YES NO LOCATION		<u>FIRE DEPARTMENT CONNECTION (FDC) ON SITE:</u> YES NO Indicate the side of your building where the FDC is located using North, South, East, West or a variation.
				<u>FIRE SPRINKLER SYSTEM</u> YES NO
<u>AUTOMATIC EXTERNAL DEFIBRILLATOR – AED</u> YES HOW MANY? LOCATION OF AED'S		<u>GAS UTILITY</u> (Indicate side of building using North, South, East, West or a variation)		<u>ELECTRIC UTILITY</u> (Indicate side of building using North, South, East, West or a variation)
<u>HYDRANT LOCATION</u> (Indicate side of building using North, South, East, West or a variation)			<u>DISTANCE TO NEAREST HYDRANT</u> (Approximate distance in feet)	