



NEW OCCUPANCY/CHANGE OF USE APPLICATION

NAME OF BUSINESS:	
ADDRESS:	
OWNER OF BUSINESS:	
EMAIL ADDRESS:	PHONE NUMBER:
TYPE OF BUSINESS:	
PROPERTY OWNER:	
PROPERTY OWNERS ADDRESS:	
PROPERTY OWNERS TELEPHONE NUMBER:	
SIZE OF BUILDING:	
PARCEL ID:	ZONING:
IS YOUR BUILDING BARRIER FREE?	
PROPERTY OWNER SIGNATURE:	DATE:
APPLICANT SIGNATURE:	DATE:
TOWNSHIP APPROVAL:	DATE:



Fire Department
White Lake Township

DATE:	PROJECT:
APPLICANT'S NAME:	
APPLICANT'S PHONE NUMBER:	
ADDRESS OF PROPOSED PROJECT:	

FOR OFFICE USE ONLY

Type of Inspection Requested:

Fire Department Inspections - \$ 213.00