



### Request for Change of Use

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Phone # & E-Mail Address: \_\_\_\_\_

Specify:  Owner  Buyer  Realtor  Contractor  Other

<b>EXISTING</b>	Business name:				
	Description of operation:				
	Size of existing business areas (sq. ft.):				
	Size of remaining building or other suites:				
	# of bathrooms:	ADA Compliant:	Yes	No	Unknown
	Is there a fire sprinkling system in the building?		Yes	No	Unknown
	Is there a fire alarm monitoring panel?		Yes	No	Unknown

<b>PROPOSED</b>	New business name:			
	Description of business operation:			
	Proposed changes to building including combining suites:			

**Submit a floor plan/drawing/sketch with layout, size of space, current use and proposed use.**

Please return to Community & Neighborhood Services – 3<sup>rd</sup> FLOOR – City Hall  
Fax: 616-546-7058; Email: [cns@cityofholland.com](mailto:cns@cityofholland.com)

Questions 616-355-1330

**OFFICE USE:**

**Review Date:** \_\_\_\_\_

<b>ZONING REVIEW</b>	Zone District?
	Is proposed use allowed:
	Classification of proposed use:
	Existing code violations:
	Existing non-conformities?
	Zoning permits needed:

<b>CONSTRUCTION CODE REVIEW</b>	Current use group:
	Proposed use group:
	Is this a change in use groups?
	Construction permits required?

<b>OTHER INFORMATION</b>	Is an address assignment required?
	Review by any other departments?
	Other licenses required? (Clerk or State of MI)