



City of Marine City Building Department
260 S. Parker St. Marine City, MI 48039
810 - 765-9011

Occupancy and Use Permit Application

* Please make arrangements for Inspectors to gain access *

Date: _____ Fee: _____

Name of Business: _____

Business Address: _____ Phone: _____

___ Industrial ___ Commercial

Zoning District _____ Accessibility Compliance: _____

Proposed Use: _____

Previous Use: _____

Applicant: _____ ___ Owner ___ Tenant

Address: _____ Phone: _____

Has business registered with City Clerk ___ Yes ___ No

I, the Undersigned, understand and agree that occupancy of the building
is not permitted until written authorization is given by
The City of Marine City Building Department.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Building Department Inspection Date: _____ Approved/Disapproved

Building Inspector: _____ Date: _____

Comments:
