



Village of Lake Orion

21 E. Church Street
Lake Orion, Michigan 48362
Tel 248.693.8391
Fax 248.693.5874
www.lakeorion.org

CHANGE OF USE APPLICATION

PROPERTY INFORMATION

Site Address: _____ Parcel ID #: _____ Zoning District: _____

OWNER INFORMATION

Property Owner Name: _____ Address: _____

Property Owner Phone #: _____ E-Mail: _____

BUSINESS OWNER INFORMATION (If NOT property owner)

Business Owner Name: _____ Address: _____

Business Owner Phone #: _____ E-Mail: _____

BUSINESS INFORMATION

Name of Previous Business: _____

Previous Business Type: *(Retail, office, etc.)* _____

Name of New Business: _____

New Business Type: *(Retail, office, etc.)* _____

Type of Building: *(Free-standing, Mixed Use, Multi-tenant Retail, etc.)* _____

Square Footage Occupied: _____ Days & Hours of Operation: _____

Total Number of Employees: *(Full & part time)* _____ Total Number of Employees at Largest Shift: _____

Business Description in Detail: _____

If hair salon, number of styling stations: _____ If restaurant, number of seats: _____

Exterior alterations proposed?* Yes/No Interior alterations proposed?* Yes/No Any signage proposed?* Yes/No

**If any of the above questions are answered yes, permits may be required. Please contact the Village Zoning Coordinator to determine what is required.*



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ADDITIONAL REQUIRED INFORMATION

1) Interior Floor Plan: *A dimensioned plan identifying interior and exterior doors, walls, restrooms, windows, counters, etc. is required.*

I, the undersigned, depose that the foregoing statements and drawings are true and correct to the best of my knowledge. I, the undersigned, hereby authorize the Village of Lake Orion or designated representative to enter the subject property in connection with this application, if necessary;

Signature of Property Owner: _____ **Date:** _____

Signature of Business Owner: _____ **Date:** _____