



VILLAGE OF PINCKNEY

220 S Howell Street, Pinckney Mi 48169
Phone: 734-878-6206 Fax 734-878-9749

email: zoning@villageofpinckney.org

Land Use Permit Commercial Reoccupation

Date: _____

Zoning District: _____

Permit Number: _____

Information

Job Site Location: _____

Tax Code #: 14- _____

Name of Applicant: _____

Phone #: _____

Applicant email: _____

Address of Applicant: _____

Name of Owner: _____

Phone #: _____

Address of Owner: _____

Signature of Owner: _____

Business name: _____

Type of Business: _____

☐ Permitted Use ☐ Special Use (Additional Process Required)

Certification: I hereby certify that all uses for which this application is made will conform with Ordinances of the Village of Pinckney, Livingston County and the State of Michigan. Additional permits may be required prior to occupancy.

Applicant Signature: _____ Date: _____

Requirements for Certificate of Occupancy:

- ☐ Submit 3 copies of scaled floor plan with dimensions of all fixtures, exits, etc.
- ☐ Permits must be obtained by Livingston County Building Department
- ☐ Separate Sign Permit
- ☐ Fire Department Inspection
- ☐ Final approval by Livingston County Building Department

Fee: \$ _____

Permit Has Been: ☐ Approved ☐ Denied

Zoning Administrator Signature: _____ Date: _____