

**Pittsfield Charter Township Department of Building Safety
Commercial Property Registration Form**

Property Address: _____

Business Name: _____

- Initial Registration Vacant Structure New Business New Owner New Name
 Business Mercantile Educational Assembly Factory/Industrial Storage Institutional Other

Applicant Name _____ Title _____ Business Address (city-state-zip) _____

Business Owner's Name _____ Business Owner's Home Address (city-state-zip) _____ (Max 60 miles from property)*

*Owner or Authorized agent must be within 60 miles of property

Business Owners Home Phone _____ Business Owners Cell Phone _____

Business Hours _____ Avg. # of Employees _____ Business Phone _____ Business Fax _____ Business E-mail _____

Description of Business: _____

Hazardous or Flammable Materials Stored on Site? Yes No If yes, please list: _____

Is the Building Occupied After Work Hours: Yes No If Yes: Average # of Occupants _____

Alarm System: Yes No, If yes: _____
Alarm Company Name _____ Alarm Company Phone _____

Fire Suppression: Yes No If yes: _____
Fire Sprinkler Contractor Name _____ Sprinkler Contractor Phone _____

Name of Property Insurance Company _____ Insurance Company Phone _____ No. Floors _____ Sq Ft of Space or Building _____

In Case of Emergency After Hours Contact List:

First Contact _____ Title _____ Home Phone _____ Cell Phone _____

Second Contact _____ Title _____ Home Phone _____ Cell Phone _____

Property Owner's Name(s) _____ Emergency Contact Phone _____

Mailing Street Address _____ City _____ State _____ Zip _____

Ordinance No. 273 MANDATES THAT ALL CHANGES IN THE REQUIRED INFORMATION MUST BE PROVIDED TO THE BUILDING SAFETY DEPARTMENT IN WRITING WITHIN 30 DAYS OF THE CHANGE.