



132 East Broad Street • P.O. Box 507 • Linden, Michigan 48451-0507
Telephone: (810) 735-7980 • Fax: (810) 735-4793

NEW BUSINESS CHECKLIST

The City of Linden Welcomes Your Business!

Whether you are relocating/expanding a business in Linden or you are an entrepreneur starting your first business, the City of Linden wants to help you through the system, while ensuring the safety and prosperity of your business, the City's residents, our many visitors, and your customers.

The New Business Checklist is the final step in the process to open your new business, and assumes that you have already met with the City Manager and/or City Planner to discuss your project, have obtained any necessary zoning and building permits from the City, and have completed any construction work according to the permits. The New Business Checklist process includes final verifications and walk-throughs by the Zoning Administrator, Building Official, Fire Chief and Police Chief to ensure that your new business is in compliance with all City, County and State requirements. For specific questions, please contact the respective City staff member listed below:

City of Linden – (810) 735-7980

Scott Sutter, Interim City Manager
manager@lindenmi.us

Adam Young, Zoning Administrator/City Planner
ayoung@wadetrim.com

Jason Payne, Building Official
building@lindenmi.us

Brian Will, Fire Chief
fire@lindenmi.us

Scott Sutter, Police Chief
police@lindenmi.us

1. Please provide the following information:

Applicant Name _____

Business Name _____

Business Address _____

City _____ State _____ ZIP _____ Phone # _____

Nature/Detail of Business _____

Zoning _____

2. Check with the Zoning Administrator to make sure that you have secured all necessary permits and completed all necessary applications for the operation of the business. This includes verification that the use is permitted in the zoning district, whether all applicable site plan approvals and special land use permits have been obtained, whether approvals from the Historic District Commission have been obtained, whether any variances have been obtained, and whether improvements shown on approved plans have been completed.

Completed **Date:** _____ **City Initials:** _____

3. If you plan to have signs advertising your business, please complete and return the Sign Permit application to City Hall. If located in the historic district, a Certification of Appropriateness application will also need to be submitted. If desired, a sign permit can be submitted after opening your business.

Completed **Date:** _____ **City Initials:** _____

OR

Will be Completed at a Later Date

4. Check with the Building Official to make sure that you have secured all necessary building, electrical, mechanical or plumbing permits for the operation of your business. The Building Official will also verify whether the subject property has purchased a sufficient number of sewer units to support the proposed business and all other activities conducted on the premises.

Completed **Date:** _____ **City Initials:** _____

5. For food service and food handling, contact the Genesee County Health Department at (810) 257-3603 or <http://www.gchd.us/Services/EnvironmentalHealth/FoodService.asp>

Completed **Not Applicable** **Date:** _____ **City Initials:** _____

6. Contact the City of Linden Fire Chief to make an appointment for a fire inspection and discuss any requirements that are needed by the Fire Department.

Completed **Date:** _____ **City Initials:** _____

7. Contact the City of Linden Police Chief to make an appointment for an inspection and discuss any requirements that may be needed by the Police Department.

Completed **Date:** _____ **City Initials:** _____

8. Contact the Building Official to make an appointment for a building inspection or if an inspection is not necessary, an occupancy walk-through.

Completed **Date:** _____ **City Initials:** _____

9. Notify the Zoning Administrator that all of the above items are complete. Your business cannot open until all of the above items have been completed.

Completed **Date:** _____ **City Initials:** _____