



# City of Keego Harbor

2025 Beechmont

Keego Harbor, Michigan 48320

## WELCOME TO THE CITY OF KEEGO HARBOR

This is a check list for new businesses coming to Keego Harbor. Following the check list will walk you through the process of opening a business in the City of Keego Harbor. Websites, contact information, applications and ordinances are included to help you have a successful business in Keego Harbor.

1. \_\_\_\_ Meet with City Planner and City Manager regarding zoning, permits, inspections and signage to comply with city and building codes.
2. \_\_\_\_ Proof of business registration with the State of Michigan
3. \_\_\_\_ Zoning Permit Application (fee \$125.00)
4. \_\_\_\_ Proof of registration of Personal Property with Oakland County Assessing.
5. \_\_\_\_ Tri- City Fire Department inspection.
6. \_\_\_\_ Change of Tenant / Owner form and first inspection by Building Department prior to any items moved into the building. (fee \$125.00)
7. \_\_\_\_ Obtain proper permit/s for structural changes inside the building. (fee depending on changes)
8. \_\_\_\_ Obtain permit/s for building signage (at least one inspection \$65)
9. \_\_\_\_ Obtain permit for temporary A frame sign (\$50.00)

- 
10. \_\_\_\_ Business registration application, proof of complying with the city and state requirements, (\$225.00)
  11. \_ \_ Final Inspection by Building Department with the product moved into the building prior to doors opening to the public.
  12. \_\_\_\_ Business Certificate required prior to opening (proof of compliance with city and state requirements)

Hoping this will make your new business coming to Keego Harbor easy and successful. WELCOME TO KEEGO HARBOR.



Dear Business Owner / Manager:

The West Bloomfield Fire Department is committed to a safe and prosperous community. The Fire Marshal Division takes an active role in the City of Keego Harbor in several different areas.

Working with the Fire Department, the City of Keego Harbor has adopted the 2015 International Fire Code. The Fire Marshal Division uses this code while conducting annual fire safety inspections at all businesses and commercial occupancies. These inspections are to help ensure that your business / property is safe for you, your customers and the community. Please see the attached list of common violations that are found during inspections.

The 2015 International Fire Code also requires all businesses to provide the fire department access to all secured openings within the business. The approved method of providing access is through the use of a Knox Box key box system. If you do not have a Knox Box, you can visit [www.knoxbox.com](http://www.knoxbox.com) and order a box. When ordering, please be sure to order a box keyed to the West Bloomfield Fire Department. Knox Boxes are community specific. Once the Knox Box is installed or if you currently have a Knox Box but have changed the locks, please be sure to contact the Fire Marshal Division at 248-409-1505 to schedule an appointment to place a new key into the Knox Box.

In an effort to meet MIOSHA and the Michigan Fire Prevention Code, Act No. 201, P.A. of 1941 any firm handling hazardous chemicals shall provide such information to the fire chief upon request. The City of Keego Harbor and the West Bloomfield Fire Department require ALL businesses to complete the provided forms and return them prior to receiving a Business License from the City. Businesses shall return the completed forms to the address above, attention "Firefighter Right to Know", prior to February 10<sup>th</sup>. Even if your firm does not use or produce any hazardous chemicals, the completed form shall be returned. Information on this form can be beneficial to you and to our firefighting personnel when responding to an incident at your facility. If there is a change concerning the use, production or quantity of hazardous chemicals at your firm, please contact the Fire Marshal Division so that we may update our records.

Safety within our community is our top priority. The information provided is all designed to help ensure safety and compliance without unnecessary costs or delays to you or other business owners within the community. If you have any questions, please do not hesitate to contact the West Bloomfield Fire Department – Fire Marshal Division.

Sincerely,

A handwritten signature in black ink, appearing to read "B Turnquist".

Byron Turnquist  
Fire Marshal

# Inspectors

## Building:

- Curtis Stowe Monday-Thursday 10am-12pm
- Gerry McCallum- Fill in

## Electrical:

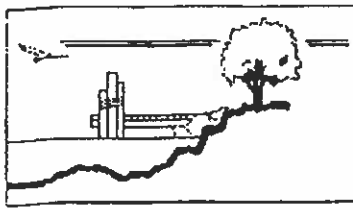
- Ron Shelton Monday, Wednesday, Friday 10am-2pm  
(Except for the 1<sup>st</sup> Wednesday of the month)
- Mark Carlson- Fill in

## Mechanical:

- Curtis Stowe Monday-Thursday 10am-12pm
- Steve Munson- Fill in

## Plumbing:

- Steve Munson Monday, Wednesday, Friday 4:15pm-5:30pm
- Todd Haneckow Monday-Thursday 10am-1pm



"Heart of the Lakes"

**APPLICATION ZONING PERMIT**

**CITY OF KEEGO HARBOR**

2025 BEECHMONT KEEGO  
HARBOR MI 48320 (248)  
682-1930  
www.keegoharbor.org

Validation Area

(OFFICE USE ONLY) PERMIT NUMBER: PZ-

TYPE OF WORK:  SHED  DECK  FENCE  OTHER \_\_\_\_\_

DATE: \_\_\_\_\_ JOB ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

County Erosion Permit? \_\_\_\_\_ City Stormwater Permit? \_\_\_\_\_

Building Application Applied For, YES NO N/A Sidwell Number \_\_\_\_\_

Project Start Date \_\_\_\_\_ Project Estimated Completion Date \_\_\_\_\_

Site Plan Submitted? \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the foregoing is correct to the best of my knowledge and that the said work will be done in conformance with the information herein set forth, in conformance with any plans and specifications submitted and in compliance with the City of Keego Harbor Codes regulating site plans and as-built plans.

I also understand that this permit will expire 30 days after final inspection of all required permits under the City of Keego Harbor Zoning Ordinance and/or applicable Michigan Building Codes for the structure.

I affirm that the information provided on this application is true and accurate and that the project shall be completed in accordance with the provisions of the City of Keego Harbor Zoning Ordinance. It is the property owner's/agent's responsibility to determine the exact locations of all property lines.

I, \_\_\_\_\_, the property owner, give permission for the City of Keego Harbor officials, staff and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application

PRINT NAME: \_\_\_\_\_

Owner or Contractor

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Owner or Contractor

(FOR OFFICE USE ONLY)

Permit Fee: \_\_\_\_\_

Pre-Inspection for fence grade

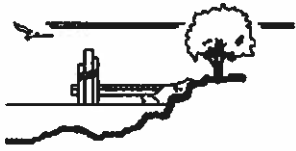
Completed date: \_\_\_\_\_

APPROVED/DENIED

BY: \_\_\_\_\_

PRINT NAME:

DATE: \_\_\_\_\_



**CITY OF KEEGO HARBOR  
APPLICATION FOR NEW TENANT NOTIFICATION  
REGISTRATION AND CERTIFICATION**

*"Heart of the Lakes"*

TYPE OR PRINT APPLICATION

ADDRESS OF PROPERTY: \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_ SINGLE UNIT DWELLING: \_\_\_\_\_ STRIP CENTER DWELLING: \_\_\_\_\_

SIDWELL NUMBER: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

PROPERTY OWNER'S HOME ADDRESS: \_\_\_\_\_  
Number and Street Name (no PO Box Numbers) City State Zip Code

PROPERTY OWNER'S MAILING ADDRESS: \_\_\_\_\_  
(If different than above)

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

I hereby certify that this application contains a true and complete listing of the information requested herein. I agree to immediately notify the City of Keego Harbor of any changes to the information listed in this application. Change of Tenant Occupancy and/or Ownership is \$100.00 which includes an initial unit inspection.

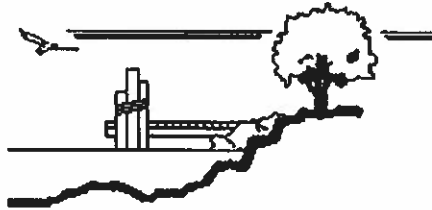
\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**Fees:** Change of Tenant Occupancy and/or Ownership is \$100.00 which includes an initial unit inspection

**Note:** If per unit fee is not paid within 60 days of occurrence \$225.00 with interest of 1/2 percent per month is due  
 There will be a \$65.00 fee for every Re-Inspection.

City of Keego Harbor \* 248-682-1930  
 2025 Beechmont \* Keego Harbor \* Michigan \* 48320



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## **City of Keego Harbor**

### **Building Department**

2025 Beechmont  
Keego Harbor MI 48320

## **SIGN PERMIT APPLICATION**

Date: \_\_\_\_\_

Permit No. PS \_\_\_\_\_

The undersigned applies for a permit to erect or alter a sign under the provisions of the Zoning Ordinance, according to the following statements:

Applicant/Contractor \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Sign location \_\_\_\_\_ side of building/road

Address \_\_\_\_\_

Owner \_\_\_\_\_

Phone \_\_\_\_\_

Distance from grade \_\_\_\_\_

Size of sign \_\_\_\_\_

Square Feet of sign \_\_\_\_\_

Before any permit is granted for erection of a sign, the following requirements must be met:

1. The Business must be registered with the City and all Fire Department Regulations met.
2. Plans and specifications shall be filed with the Building Official showing the dimensions, materials and required details of construction including loads, stresses and anchorage, and distance from property lines.
3. Submit copy of liability insurance certificate with application.
4. A written consent of the owner or lessee of the premises upon which the sign is to be erected.
5. Obtain electrical permit prior to installation of sign.
6. Site Plan and/or Building Elevation where sign to be installed.

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Signature of Applicant/Contractor

**Department of Planning**

Zoning Approved By: \_\_\_\_\_

Permit Fee: \$125.00

**Department of Building Safety**

Building Approval: \_\_\_\_\_

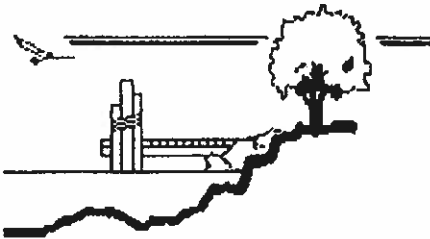
Inspection: \$ 65.00

Bond: \$ \_\_\_\_\_

Contractor Registration: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_





**City of Keego Harbor**

**Building Department**

2025 Beechmont  
Keego Harbor MI 48320

*"Heart of the Lakes"*

**ANNUAL PORTABLE A-FRAME SIGN,  
BANNER PERMIT OR  
FLAG SIGN**

Date: \_\_\_\_\_

Permit No.PSA \_\_\_\_\_

- A-Frame/ Sign (One Sign Allowed)
- Banner (Once a year for 30 day)
- Flag Sign (Three Flags Maximum, Once a year for 30 day)

The undersigned applies for a permit to place a portable sidewalk sign under the provisions of the Zoning Ordinance, according to the following statements:

Applicant \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Placement Date \_\_\_\_\_ Date of Removal \_\_\_\_\_

Sign/Banner location in accordance with Ordinance \_\_\_\_\_

Address of sign/banner location \_\_\_\_\_

Owner of Business \_\_\_\_\_

Business Name \_\_\_\_\_

Phone \_\_\_\_\_

Before any permit is granted for placement of a portable sidewalk sign, the following requirements must be met:

1. The Business must be registered with the City and all Fire Department Regulations met.
2. Written consent of the owner/lessee of the premises upon which the sign is to be placed.
3. Specifications shall be filed with the Zoning Administration showing the dimensions and distance in accordance to the Zoning Ordinance.

Banners being placed over the roadway

1. Application and Specifications for Banner over a roadway must be submitted to City Council for approval by resolution.
2. City must submit the resolution and specifications to Oakland County Road Commission 3 days before banner is placed.

\_\_\_\_\_  
Signature of Applicant/Business Owner

**Department of Planning**

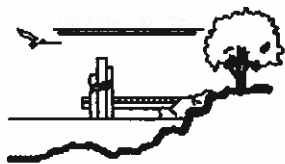
Approved By: \_\_\_\_\_

A-Frame/Sidewalk Sign Permit Fee: \$50.00 (One Sign Allowed, Sign May Only be Displayed During Business Hours)

Flag Sign Permit Fee: \$25.00 (Three Flags Maximum for 30 Days)

Banner Sign Permit Fee: \$35.00

Size of sign/banner in accordance to the Ordinance \_\_\_\_\_



"Heart of the Lakes"

# City of Keego Harbor

## January 1, 2020 Thru December 31, 2020

### Business Registration Application

PLEASE TYPE OR PRINT CLEARLY App# \_\_\_\_\_

Check One:  New Business  Renewal

**\*\*\*Business License application fee is \$225.00 for 5,000 SF and under, each additional 1,000 SF \$40.00. Renewal fee is \$40.00 due no later than January 31, 2020. As of February 1, 2020 a penalty fee of \$80.00 will be charged. STARTER CHECKS ARE NOT ACCEPTED\*\*\* (Code of Ordinance Chapter 6 – BUSINESSES)**

Legal Business Name \_\_\_\_\_ Parcel ID #: 99- \_\_\_\_\_

Business Name on Establishment (if differs from Legal Business Name) \_\_\_\_\_

Description of Business \_\_\_\_\_

Location of Business (Street Address, Suite No.) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Business Telephone Number(s) \_\_\_\_\_ Fax Number \_\_\_\_\_

Business Owner #1 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residential Address \_\_\_\_\_

Telephone Number(s) (Home, Cell, Pager) \_\_\_\_\_

Business Owner #2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residential Address \_\_\_\_\_

Telephone Number (s) (Home, Cell, Pager) \_\_\_\_\_

Emergency Contact Person #1 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) (Residence, Cell, Pager) \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) (Residence, Cell, Pager) \_\_\_\_\_

Property/Building Owner (If different than Business Owner) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

**PLEASE COMPLETE BACK PAGE**

Under the Fire Fighter Right to Know Law the following questions need to be completed:

1. Does your business have an alarm system? Yes (  ) No (  )
2. If YES, is the system registered with the Keego Harbor Police Department? Yes (  ) No (  )
3. Does your business have a Knox Lock Box installed? Yes (  ) No (  )
4. Any hazardous material stored at the business such as:

a. Cleaners-household or industrial and quantity \_\_\_\_\_

\_\_\_\_\_

b. Acids and quantity \_\_\_\_\_

c. Paints Latex and/or Oil based and quantity \_\_\_\_\_

\_\_\_\_\_

d. Flammable and combustible liquids type and quantity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Combustible Storage Material type and quantity \_\_\_\_\_

\_\_\_\_\_

f. Aerosols type and quantity \_\_\_\_\_

\_\_\_\_\_

g. Compressed gases (such as oxygen and acetylene and propane) \_\_\_\_\_

\_\_\_\_\_

**Please return the completed registration form to:**

**City of Keego Harbor  
2025 Beechmont  
Keego Harbor MI 48320**

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**Full Name:** CHUCK PARROTT  
**Last Name:** PARROTT  
**First Name:** CHUCK  
**Company:** ASSESSOR REAL AND PERSONAL PROPERTY

**Business Address:** OAKLAND COUNTY EQUALIZATION DIVISION  
250 ELIZABETH LAKE RD. STE 1000 WEST  
PONTIAC, MI 48341

**Business:** (248) 858-0776

**Business 2:** (248) 858-0989

**Business Fax:** 248) 975-4407

**E-mail:** parrottc@co.oakland.mi.us

**E-mail Display As:** CHUCK PARROTT (parrottc@co.oakland.mi.us)

Business 2 is his direct line

Listen 

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Contact  
Divisions & Committees  
Forms & Applications  
Info & Publications  
Programs & Services  
Frequently Asked Questions

## OAKLAND COUNTY'S GUIDE TO PERSONAL PROPERTY ASSESSMENTS AND TAXES

The Michigan Constitution provides for the assessment of all Real and tangible Personal Property not exempted by law.

### WHAT IS PERSONAL PROPERTY?

### WHAT ARE EXAMPLES OF PERSONAL PROPERTY?

### WHEN IS TAX DAY FOR PERSONAL PROPERTY?

### WHEN AND WHERE DO I FILE MY PERSONAL PROPERTY STATEMENT?

### WHAT HAPPENS IF I FILE MY PERSONAL PROPERTY STATEMENT LATE?

### CAN I REQUEST AN EXTENSION FOR FILING MY PERSONAL PROPERTY STATEMENT?

### WHAT COSTS DO I REPORT ON MY PERSONAL PROPERTY STATEMENT?

### WHAT IF MY COSTS ARE FOR USED ASSETS?

### WHAT IF I HAVE EXPENSED OFF FULLY DEPRECIATED MY ASSETS?

### DO I OWN A BUILDING, THOUGH I LEASE OFFICE SPACE, DO I STILL HAVE TO FILE FOR PERSONAL PROPERTY?

### I OPERATE A BUSINESS OUT OF MY HOME, DO I HAVE TO FILE FOR AND PAY PERSONAL PROPERTY TAX?

### DO I REPORT LEASED EQUIPMENT?

### HOW CAN I APPEAL MY PERSONAL PROPERTY ASSESSMENT?

### WHAT IF I DON'T AGREE WITH THE DECISION OF THE MARCH BOARD OF REVIEW?

### WHERE DOES MY TAX MONEY GO?

### WHAT ARE MY RESPONSIBILITIES AS A BUSINESS OWNER?

### WHAT HAPPENS IF MY BUSINESS MOVES OUT PRIOR TO TAX DAY?

### WHAT HAPPENS IF MY PERSONAL PROPERTY TAXES BECOME DELINQUENT?

### WHAT IS PERSONAL PROPERTY?

Personal Property is identified as the tangible assets of a business, inclusive of all related trade fixtures, though not real estate.

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### WHAT ARE EXAMPLES OF PERSONAL PROPERTY?

Personal Property consists of office furniture, office equipment, testing, diagnostic and electronic equipment, machinery and equipment, coin operated equipment, rental

DVDs, games and video tapes, computers and computer related equipment, as well as, all related trade fixtures of a business.

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### WHEN IS TAX DAY FOR PERSONAL PROPERTY?

Tax Day is December 31<sup>st</sup>. The current tax year is based on December 31<sup>st</sup> of the prior year.

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### WHEN AND WHERE DO I FILE MY PERSONAL PROPERTY STATEMENT?

Personal Property Statements are to be filed on or before February 20<sup>th</sup> of each year.

Personal Property Statement forms are to be filed with the local assessor (a statutory deadline) with the City, Village or Township where a business is located.

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**WHAT HAPPENS IF I FILE MY PERSONAL PROPERTY STATEMENT LATE?**

Personal Property Statements that are filed after the February 20<sup>th</sup> deadline are considered late. By law the assessor is required to estimate an assessed value.

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**CAN I REQUEST AN EXTENSION FOR FILING MY PERSONAL PROPERTY STATEMENT?**

No. The statutory deadline for Personal Property filings is February 20<sup>th</sup>. Therefore, extensions are not granted.

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**WHAT COSTS DO I REPORT ON MY PERSONAL PROPERTY STATEMENT?**

All costs are to be reported as the original costs in the year of purchase, inclusive of sales tax, freight and installation costs.

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**WHAT IF MY COSTS ARE FOR USED ASSETS?**

Do not report used costs within Page 2 of the Personal Property Statement. If the asset was purchased used, you must report the original cost of the asset in the year it was purchased NEW. It may require contacting the seller to determine original cost. If you're unable to ascertain the original cost of an asset, list the asset on a separate attachment including the year of purchase, a description and the amount you paid for it inclusive of sales tax, freight and installation costs.

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**WHAT IF I HAVE EXPENSED OR FULLY DEPRECIATED MY ASSETS?**

Assets that are expensed or fully depreciated are assessable as Personal Property. Based on your expense records, report all assets that were acquired for your business. If your assets are fully depreciated, you are still required to report them until they have been physically disposed of, scrapped, sold, etc. The costs must include sales tax, freight and installation.

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**DONT OWN A BUILDING, THOUGH I LEASE OFFICE SPACE, DO I STILL HAVE TO FILE FOR PERSONAL PROPERTY?**

Yes. Personal Property is a tax on the tangible assets of a business, inclusive of all related trade fixtures. The real estate (building/structure) will be taxed separately as

Real Property.

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**I OPERATE A BUSINESS OUT OF MY HOME, DO I HAVE TO FILE FOR AND PAY PERSONAL PROPERTY TAX?**

Yes. Regardless of where the business operates, the tangible assets of the business are subject to Personal Property Tax.

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**DO I REPORT LEASED EQUIPMENT?**

Yes. The leased equipment would be reported on Page 3 of the Personal Property Statement. The description of the leased asset, the name of the leasing company, its original cost and year of purchase must be included in the statement.

To determine if it is your responsibility or that of the leasing company to file and pay the Personal Property tax pay careful attention to the details of your lease agreement.

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**HOW CAN I APPEAL MY PERSONAL PROPERTY ASSESSMENT?**

When you receive your Notice of Assessment, reflected are the scheduled dates and times of your local March Board of Review. You may either schedule an appointment with your local Board of Review OR you may appeal directly to the Michigan Tax Tribunal.

An appeal directly to the Michigan Tax Tribunal requires that your Personal Property Statement have been filed by the February 20<sup>th</sup> statutory deadline. If you did not file your Personal Property statement, you must first appeal to the March Board of Review. Further, if your appeal is to the Michigan Tax Tribunal you must meet their filing deadline of May 31<sup>st</sup> (or the Agricultural Personal Property filing deadline of July 31<sup>st</sup>).

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#### WHAT IF I DONT AGREE WITH THE DECISION OF THE MARCH BOARD OF REVIEW?

You may appeal to the Michigan Tax Tribunal, as indicated in your notification of the decision of the March Board of Review.

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#### WHERE DOES MY TAX MONEY GO?

When you receive your Personal Property Tax bill, it will have an itemized listing of how the collection is distributed. It is distributed to the related taxing authorities inclusive of, but not limited to, the City, Village or Township, the Local and Intermediate School Districts, Community College and Oakland County.

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#### WHAT ARE MY RESPONSIBILITIES AS A BUSINESS OWNER?

You must notify your local assessor when your business moves in or out of the jurisdiction. If you purchased or will be acquiring an existing business make sure the seller has paid the Personal Property taxes. The tax bills may be in the name of the old business, but the lien remains on the Personal Property until it is paid.

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#### WHAT HAPPENS IF MY BUSINESS MOVES OUT PRIOR TO TAX DAY?

Contact your local assessor and inform him/her of your move. Personal Property taxes are not prorated. You will have a tax liability to the jurisdiction for the current tax year.

The current tax year is based on December 31<sup>st</sup> of the previous year, i.e. On December 31, 2019 (Tax Day), your business was located in the City of Pontiac, however, in June, 2020 (the current tax year) you moved your business to the City of Farmington Hills. Your tax liability remains with the City of Pontiac for the current tax year because on tax day, December 31, 2019, you were in the City of Pontiac. You will have tax liability in the City of Farmington Hills beginning in tax year 2021 if you are in the city on December 31, 2020.

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#### WHAT HAPPENS IF MY PERSONAL PROPERTY TAXES BECOME DELINQUENT?

The non-payment of Personal Property taxes could result in the seizure of your business assets. Once the opportunity for appeal has passed, the assessment and tax bills are valid. Once the due date of your tax bill passes (Summer or Winter), interest and penalties will accrue until the tax bill is paid. In March of the following year, delinquent taxes are turned over to county treasurer for collection. The treasurer is authorized to seize and sell the Personal Property of the business if the Personal Property taxes remain unpaid.

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## Annual Fire Inspection Common Violations

The Fire Department, working with the City of Keego Harbor has adopted in 2015 International Fire Code. The Fire Marshal Division uses this code while conducting annual fire safety inspections at all businesses and commercial occupancies. These inspections are to help ensure that your business / property is safe for you, your customers and the community. Please find below a list of the most common violations found by Inspectors during these inspections.

- Emergency Lights and Exit Signs shall be illuminated at all times. Power shall be provided by premises electrical supply and an alternative power supply. To test, push button on side or front to verify sign/lights remains illuminated.
- Means of egress must be clear at all times. The path of egress shall not be interrupted by any obstruction or projection along the path of egress travel, clear through the exit discharge to the public way. Rule of thumb - The path of egress shall be clear the full width of the door to the outside of the building.
- Manually operated flush bolt locks and surface bolt locks are not permitted. Thumb bolt locks, dead bolt locks and the like shall be replaced with hardware that is readily openable from the egress side without the use of a key or special knowledge or effort.
- Address must be on the front and rear door. Minimum of 4" in height and must be in a contrasting color in order to be clearly visible from the road.
- Waste accumulation is a fire hazard and cannot be excessive.
- No fueled equipment is allowed indoors, such as a lawn mower, grill etc.
- There must be 2' from the ceiling and any stock and if a fire sprinkler system is installed, 18" from a sprinkler head to any stock.
- Clearance between ignition sources, such as light fixtures and flame producing appliances, and combustible materials shall be maintained in an approved manner.
- All compressed gas cylinders shall be secured as to prevent falling caused by contact or vibration.
- Extension cords and multi-tap adaptors are prohibited. Listed power tap strips with grounding and overcurrent protection, are allowed. Each power strip must plug directly into a wall outlet; one cannot plug into another.
- A working space of at least 36" shall be provided around electrical service equipment. No storage of any materials shall be located within the designated work space.
- Properly cover all open wires. Switch plate and socket plate covers are required.
- Portable space heaters shall be listed (i.e. UL or FM) and have a safety shut off switch which turns the unit off if tipped over. Keep 3' clearance from the appliance when in use. Always unplug when unattended.
- The fire/smoke resistive rating of an area shall be maintained. All ceiling tiles must be in place and all fire/smoke rated walls must be free of holes or openings.
- Portable fire extinguishers maintained and operational at all times. Extinguishers shall be inspected monthly and maintained, at a minimum annually, by a certified technician. Hand –held extinguishers

must be permanently mounted. The mounting bracket shall be not higher than 5 ft. above the floor and not less than 4 inches from the floor. The minimum size, if purchased new, is 4A:60BC (approximately a 10 lb. cylinder). Extinguishers are required every 75 feet of travel distance.

- Where fire detection, alarm and extinguishing systems are present these systems shall be maintained in operative conditional at all times, and shall be replaced or repaired where defective. Non required systems shall be inspected and maintained or removed.
- Fire protection equipment shall be identified in an approved manner. Rooms containing fire suppression and detection equipment shall be identified for the use of the fire department. Approved signs shall be constructed of durable materials, permanently installed and readily visible.
- All fire department connections shall be periodically inspected, tested and maintained. Caps and plugs must be in place to protect threads and discourage the insertion of any obstructions into system.

If you have any questions, please do not hesitate to contact the Fire Marshal Division.

# West Bloomfield Fire Department Right to Know Chemical Survey Form

See Instruction Sheet for Assistance

Complete this form in its entirety and return to:  
West Bloomfield Fire Department  
Attn: Fire Fighter Right to Know  
5425 West Maple  
West Bloomfield, MI 48322

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

---

### This Site Is:

(Please Check All That Apply)

- Not a Chemical User
- Chemical User - Chemicals used or consumed in activities on site
- Chemical Producer - Chemicals manufactured or packaged at this site
- Other - Mark this box if chemicals are stored on site, but not used or produced. Please specify (Examples: Service Station, Retail Store, Storage Facility)

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### Owner/Operator Name:

Last \_\_\_\_\_ First \_\_\_\_\_

Title \_\_\_\_\_ Key Holder? YY / NN

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

24 Telephone ( ) - \_\_\_\_\_ Cell ( ) - \_\_\_\_\_

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### Fire/Burglar Alarm Company:

CompanyName \_\_\_\_\_

Address \_\_\_\_\_ Keyholder? YY / NN

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

24 Hour Telephone ( ) - \_\_\_\_\_ Other Phone ( ) - \_\_\_\_\_

# West Bloomfield Fire Department Right to Know Chemical Survey Form

## Other Emergency Contacts:

Last \_\_\_\_\_ First \_\_\_\_\_  
Title \_\_\_\_\_ Key Holder? YY / NN  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
24 Telephone (    ) - \_\_\_\_\_ Cell (    ) - \_\_\_\_\_

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Last \_\_\_\_\_ First \_\_\_\_\_  
Title \_\_\_\_\_ Key Holder? YY / NN  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
24 Telephone (    ) - \_\_\_\_\_ Cell (    ) - \_\_\_\_\_

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Last \_\_\_\_\_ First \_\_\_\_\_  
Title \_\_\_\_\_ Key Holder? YY / NN  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
24 Telephone (    ) - \_\_\_\_\_ Cell (    ) - \_\_\_\_\_

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Form Filled Out By: \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b>
Date Received: _____



## **Right – To – Know**

### **Chemical Inventory Request**

In reviewing the information that you have provided, we have determined that more information about your facility is required in order to fulfill our obligations under the MIOSHA rules. Your survey indicated that hazardous chemicals are used, produced, or stored in your facility. On the following page, please provide us with the following information:

- The name of every chemical that you referred to in the initial survey as it appears on the label
- A brief description of what each chemical is used for
- What form the chemical is in, i.e. solid, liquid, or gas
- The average amount of each chemical kept on hand in units of measure, such as gallons, pounds, ounces, etc. (boxes, bottles, cartons, bags, tanks, etc. are not acceptable).
- The location where the chemicals are stored
- The maximum amount of each chemical kept on hand.

In addition, please provide us with a complete copy of the latest version of the Material Safety Data Sheet (MSDS) for each chemical referred to on our initial survey. The MSDS will provide us with needed information allowing us to preplan your facility.

Lastly, please also provide us with a one page map of your facility, outlining the general layout of the building: locations of doors, walls, and windows: locations where chemicals are stored: and locations where the chemicals are being used.

The information we request will greatly improve our readiness to respond to your facility in case some unforeseen event occurs that requires you to call for assistance. This information will allow our personnel to take specific action more rapidly and efficiently, reducing the overall impact on your facility, your staff, and your customers.

Return this form with the information requested information within 10 (ten) working days to:

Fire Fighter Right to Know  
West Bloomfield Fire Department  
5425 West Maple  
West Bloomfield, MI 48322

Thank you for your cooperation. If you should have any questions, please feel free to contact us at 248-409-1505 during business hours.

# West Bloomfield Fire Department Right to Know Chemical Inventory Request Form

Facility Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Zip \_\_\_\_\_

This form may be duplicated as needed.

Product Name	Chemical Name CAS Number- If Available	Brief Description	Form (Solid, Liquid, Gas)	Average Amount On Hand/Units	Location Where Stored.	NFPA 704 Classifications if Available
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____
			Solid _____ Liquid _____ Gas _____			Health _____ Fire _____ Reactivity _____ Other _____

\_\_\_\_\_

Completed by (Please Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Completed

**Please Return completed form to:**  
 Firefighter Right To Know  
 West Bloomfield Fire Department  
 5425 West Maple  
 West Bloomfield, MI 48322

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**Fire Dept. Use Only**  
 Completed By \_\_\_\_\_



## Right – To – Know

### DOT Chemical Survey Instructions

Section 14i of the Michigan Occupational Safety and Health Act (MIOSHA), Act no. 154 P.A. of 1974 as amended requires that each fire chief prepare and disseminate to each firefighter information on facilities within their jurisdiction that use or produce hazardous chemicals.

The Michigan Fire Prevention Code, Act No. 201, P.A. of 1941, as amended, requires that any firm handling hazardous chemicals provide information upon request. This allows the Fire Department to gather information on each chemical in order to meet the requirements.

This is an official request to provide information on the chemicals that you use, produce, or store at your facility. Even if you do not use any chemicals at your facility, you are still required to fill out the form.

**Instructions:** This survey is divided into separate hazard classes that are defined by the U. S. Department of Transportation (DOT), and are indicated on the labeling for chemicals that fit these classes. For each hazard class, please indicate by checking the appropriate box if you have chemicals on your site at or above specified quantities, below specified quantities, or do not have at your facility. If a chemical has more than one characteristic type, please indicate in the correct categories. As an example, chlorine is listed both as a corrosive and as a poison. A check mark in each of these categories under the quantities present is required to complete the form.

To complete the survey, you may need to reference Material Safety Data Sheets, SARA Title III reporting forms, any labels present, or the definition pages attached to this packet.

If you do not have any chemicals in a specific category, please mark the do not have box in that category.

What needs to be included on this survey? Every chemical that you use, produce, or store at your facility needs to be included in this survey. Also included in this grouping are chemicals that you have listed in Employee Right to Know for chemicals on the job site.

What does not need to be included in this survey? Chemicals that are not included in this survey are limited to quantities of household chemicals that you would normally find in your own home, such as dish soap, hand soap, window cleaner, etc.

This survey must be completed and returned to the Fire Prevention Officer inspecting your facility before the inspection can be considered complete. Any further questions concerning this form may be directed to the Inspector.

This survey may be followed up with a request for more detailed information. This may include a request for Material Safety Data Sheets, chemical lists maintained under the Employee Right to Know provisions of MIOSHA, as well as other information about quantities, use, storage, etc., of the chemicals involved.

Thank you for your cooperation. If you have any questions, please do not hesitate to contact the Fire Marshal Division during business hours at 248-409-1505.

## West Bloomfield Fire Department DOT Chemical Survey Form

Chemical Type	Specified Quantity	Have At or Above Specified Quantity	Have but Below Specified Quantity	Do Not Have
<b>DOT Class 1</b>				
Explosives & Blasting Agents ( Not including Class C Explosives)	Any Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOT Class 2</b>				
Poison Gas	Any Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable Gas	100 Gal. Water Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Flammable Gas	100 Gal. Water Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOT Class 3</b>				
Flammable Liquid	1000 Gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible Liquid	10,000 Gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOT Class 4</b>				
Flammable Solid (Dangerous when Wet)	100 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable Solid	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spontaneously Combustible Material	100 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOT Class 5</b>				
Oxidizers	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organic Peroxides	250 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOT Class 6</b>				
Poisons	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritating Material: Liquid	1000 Gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritating Material: Solid	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOT Class 7</b>				
Radioactive Material (Yellow III Label)	Any Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOT Class 8</b>				
Corrosives: Liquid	1000 Gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosives: Solids	500 Pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOT Class 9</b>				
Misc. Dangerous Goods	Any Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_



## HAZARDOUS CHEMICAL DEFINITIONS

<b>CHEMICAL TYPE</b>	<b>DEFINITIONS</b>
Poison Gas	<u>Extremely dangerous poisons, Highly toxic poisonous gases or liquids</u> - a very small amount of the gas, or vapor of the liquid, mixed with air is dangerous to life.
Poison	<u>Less dangerous poisons, toxic</u> - Substances, liquid or solids (including pastes and semi-solids) so toxic to man that they are a hazard to health during transportation.
Flammable Gas	A gas that can burn with the evolution of heat and a flame. Flammable compressed gas is any compressed gas of which: (1) a mixture of 13 percent or less (by volume) with air is flammable, or (2) the flammable range with air is under 12 percent.
Non-Flammable Gas	Any compressed gas other than a flammable compressed gas.
Flammable Liquid	Any liquids having a flashpoint below 100 degrees F (37.8 degrees C), except any mixture having components with flashpoints of 100 degrees F (37.8 degrees C) or higher, the total of which makes up 99 percent or more of the total volume of the mixture.
Combustible Liquid	Any liquid having a flashpoint at or above 100 degrees F (37.8 degrees C), but below 200 degrees F (93.3 degrees C), except any mixture having components with flashpoints of 200 degrees F (93.3 degrees C) or higher, the total volume of which make up 99 percent or more of the volume of the mixture.
Corrosives - Liquid and Solid	Any liquid or solid that causes visible destruction or irreversible damage to human skin tissue. Also, it may be a liquid that has a severe corrosion rate on steel.
Irritating Material - Liquid and Solid	A liquid or solid substance which, upon contact with fire or air gives off dangerous or intensely irritating fumes.

Explosives and Blasting Agents -	<p>“Explosive means a chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.  (Does not include Class C explosives.  Blasting agent: A material designed for blasting. It must be so insensitive that there is very little probability of: (1) accidental explosion or (2) going from burning to detonation.)  (Does not include Class C explosives.)</p>
Radioactive Material - (Yellow III Label)	Any material, or combination of materials, that spontaneously gives off ionizing radiation.
Flammable Solid (Dangerous when Wet)	Water Reactive Material (solid) - Any solid substance (including sludges and pastes) which react with water by igniting or giving off dangerous quantities of flammable or toxic gases. (Sec 171.8)
Flammable Solid	A solid, other than a blasting agent or explosive, that is liable to cause fire through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited readily and when ignited burns so vigorously and persistently as to create a serious hazard.
Spontaneously Combustible Material	A solid substance (including sludges and pastes) which may undergo spontaneous heating or self-burning under normal transportation conditions. These materials may increase in temperature and ignite when exposed to air.
Oxidizer	A chemical that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases. Examples being: Chlorate, permanganate, inorganic peroxide, or a nitrate, that yields oxygen readily.
Organic Peroxide	An organic compound that contains the bivalent O-O structure and which may be considered to be a structural derivative of hydrogen peroxide where one or both of the hydrogen atoms has been replaced by an organic radical.
Carcinogen	<p>A chemical is considered a carcinogen if:</p> <p>(A) It has been evaluated by the International Agency for Research on Cancer (IARC), and found to be a carcinogen or potential carcinogen; or</p> <p>(B) It is listed as a carcinogen or potential carcinogen in the Annual Report on Carcinogens published by the National Toxicology Program (NTP) (Latest Edition); or</p> <p>(C) It is regulated by OSHA as a carcinogen.</p>

must be permanently mounted. The mounting bracket shall be not higher than 5 ft. above the floor and not less than 4 inches from the floor. The minimum size, if purchased new, is 4A:60BC (approximately a 10 lb. cylinder). Extinguishers are required every 75 feet of travel distance.

- Where fire detection, alarm and extinguishing systems are present these systems shall be maintained in operative conditional at all times, and shall be replaced or repaired where defective. Non required systems shall be inspected and maintained or removed.
- Fire protection equipment shall be identified in an approved manner. Rooms containing fire suppression and detection equipment shall be identified for the use of the fire department. Approved signs shall be constructed of durable materials, permanently installed and readily visible.
- All fire department connections shall be periodically inspected, tested and maintained. Caps and plugs must be in place to protect threads and discourage the insertion of any obstructions into system.

If you have any questions, please do not hesitate to contact the Fire Marshal Division.