



**CITY OF MADISON HEIGHTS  
COMMUNITY DEVELOPMENT DEPARTMENT  
PETITION FOR USE PERMITTED BY  
SPECIAL APPROVAL**

**FOR OFFICE USE ONLY**

Request	No:
Date	Filed:
Approved by	CDD:
Approved for Hearing: _____	

I (we) the under signed, do hereby apply and petition the City of Madison Heights for a Special Approval Use Permit and provide the following information.

(Application must be typed)

Building Address: 950 E. Whitcomb Tax ID No.: 44-25-01-326-027

**APPLICANT INFORMATION**

Name: Mobility Resource Associates Inc dba MRA

Phone No.: 248-629-2929

Fax No.: 248-629-2921

Mailing Address: 950 E Whitcomb Ave

(Notices will be mailed to this address)

City, State, Zip: Madison Heights MI 48071

Driver's License No.: R532 135 760 949

Date of Birth: 12/14/61

Interest in Property: Lessee

**BUILDING & BUSINESS INFORMATION**

Zoning District: M-1 Use Requested Pursuant to Section 10.329(6) of the Zoning Ordinance

Explain Requested Use in Detail: We are an event marketing and logistics company that specializes in the production, sale, lease of customized vehicles and semi-trailers which are outfitted with exhibits and training facilities. Customization includes interior build-out, structural modifications, electrical & hydraulic systems. No on-site painting. Miscellaneous repair/servicing performed.

The above referenced parcel is known as: (Lots(s) Acreage Parcel (s)) 25-01-326-07 of \_\_\_\_\_

Subdivision (if platted lot(s)) and is located on the NSE W (Circle One) side of Whitcomb Ave Street/Road between John R Street/Road and Dequindre Street / Road.

Hours of Operation: 6:30am - 6:00pm

Property Frontage: 347 Width/Depth: 363/336 No. of Parking Spaces: 150+ Private Lot ☒ Shared Lot \_\_\_\_\_

No. of Floors: 1 Max. No. of Employees: 50 Male 33 Female 17 No. on Largest Single Shift: 40

No. of Seats for Restaurant or Assembly Uses: N/A Capacity of Waiting Area: 9

Building: New \_\_\_\_\_ or Existing ☒ Will Additions or Alterations to the Building be Required? No

Explain: \_\_\_\_\_

Describe Any Other Site Improvements to be Made: None

Requesting revising of plan for "Parking of Display Trailers" to twenty (20) designated spots.

Building Owner Name: B.E. Whitcomb LLC Phone No.: 248.588.4350 Fax No.: 248.588.4353

Mailing Address: 1000 East Mandoline City: Madison Heights Zip: 48071  
(Notices will be mailed to this address) MI

**Note: All blanks and boxes above must be completed. Use N/A where appropriate.**

**CONTINUED ON REVERSE SIDE**



**PETITION FOR USE PERMITTED BY  
SPECIAL APPROVAL (Continued)**

Include one (1) copies of a site plan, no larger than 11 x 17 inches, which meets the requirements of Section 10.514 of the Zoning Ordinance of Madison Heights and the required seven hundred and fifty dollar fee (\$750.00) plus a site plan application.

This petition / application must be signed by both the Owner in Fee of the property and the Applicant prior to submittal. Applicant(s) and property owner(s) hereby consent to city staff, board and commission members, and contractors to access the property for purposes of evaluating the site for the requested action(s).

**FOR THE OWNER:**

Signature Edward Sherman  
Printed EDWARD SHERMAN Name  
Date 4-12-24

**FOR THE APPLICANT IF NOT THE OWNER:**

Signature David Randazzo  
Printed David Randazzo Name  
Date 12-Apr-2024

**NOTARY:**

On this 12 day of April 2024

Before me personally appeared  
Edward Sherman to me known to be the  
person who executed the forgoing instrument, and  
acknowledged that he executed the same as his free act  
and deed.

Notary's  
Signature Darcy Baker

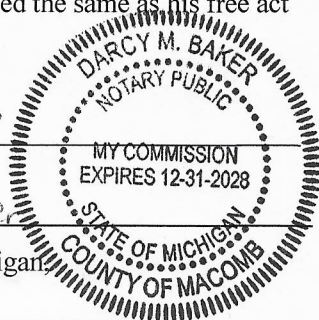
Notary's  
Printed Name Darcy Baker

Notary public, State of Michigan

County of Macomb

My commission expires 12/31/2028

Acting in the County of Oakland



**NOTARY:**

On this 12 day of April 2024

Before me personally appeared  
David Randazzo to me known to be the  
person who executed the forgoing instrument, and  
acknowledged that he executed the same as his free act  
and deed.

Notary's  
Signature Darcy Baker

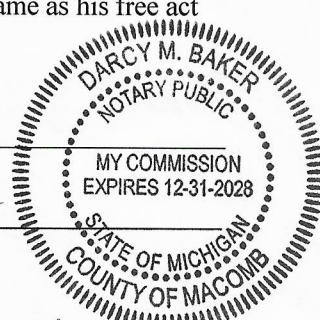
Notary's  
Printed Name Darcy Baker

Notary public, State of Michigan,

County of Macomb

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**OFFICE USE ONLY**

\$750.00 Fee Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_ By \_\_\_\_\_ Date: \_\_\_\_\_

One Site Plan Attached no larger than 11 x 17 inches ☐ Yes ☐ No

Site Plan Application: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to C.D.D. \_\_\_\_\_

Notices Mailed to Properties Within 500 Feet \_\_\_\_\_

Council Action \_\_\_\_\_

Meeting Date \_\_\_\_\_



