



CITY OF MADISON HEIGHTS
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT
CERTIFICATE OF OCCUPANCY APPLICATION

I. TYPE OF APPLICATION

SELECT ONE:



PERMANENT C/O



TEMPORARY C/O



MOBILE FOOD
VENDOR C/O

SELECT ALL
THAT APPLY:



NEW BUSINESS



CHANGE OF BUSINESS
OWNERSHIP



CHANGE OF
BUSINESS NAME



CHANGE OF
BUSINESS OPERATION



RELOCATION WITHIN
CITY



CHANGE OF
PROPERTY
OWNERSHIP

II. PROPERTY INFORMATION

Property Address 31075 John R. Rd. Suite C2 Madison Heights, MI Suite # C2

Tax ID 33-3716002 Zoning District _____

Property Owner Name Matthew Abou

Owner Phone Number (586) -904-6288 Owner Email Matt@smokinbeartobacco.com

III. BUSINESS AND APPLICANT INFORMATION

Business Name Smokin Bear Tobacco of John R. Inc.

Applicant Name Matthew Abou

Interest in Business (business owner, manager, property owner, etc.) Owner

Driver's License/State ID # A-160-589-067-699 Date of Birth 09-08-1991

Home Address 43348 Tuscany Drive City, State Sterling Heights, MI ZIP 48314

Phone Number (586) -904-6288 Email Address Matt@smokinbeartobacco.com

IV. EMERGENCY CONTACT INFORMATION

Emergency Contact Nancy Abou

Relationship to Applicant Mother Phone Number (586) -495-7219

CERTIFICATE OF OCCUPANCY APPLICATION

V. USE AND BUILDING INFORMATION

Provide a detailed description of the proposed use*:

The space will be used to operate a retail Smoke shop.
We sell tobacco, cigarettes, cigars, vapes, hookahs, lottery, ashtrays, lighters

Square Footage of Tenant Space 1960 Square Footage of Building N/A

Outdoor Storage Proposed? ☐ Yes (requires site plan approval)
☒ No

Are the ☒ Fire Alarm
Following ☒ Fire Sprinkler
Installed? ☒ Fire Suppression

Year Structure Built N/A Number of Parking Spaces 70 +

Total Employees 1 Max. Employees on Single Shift 2

Hours of Operation Mon-Sun 8am-10pm Number of Seats
(Restaurant/Bar/Assembly Use Only) 0

*Note: If Hazardous Chemicals are proposed to be used/stored on site, complete and submit the attached Hazardous Chemical Survey.

VI. APPLICANT CERTIFICATION

By signing below, I do solemnly swear that the information on this application is true, and that no false or misleading statement is submitted herein to obtain a Certificate of Occupancy. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of a Certificate of Occupancy issued as a result of this application, as allowed per Section 15.03 of the Madison Heights Zoning Ordinance. I understand that I am responsible for complying with all City ordinances and regulations, or risk violation, penalty and/or enforcement per Article 16 of the Zoning Ordinance. I hereby agree to provide any clearance(s) and/or inspection reports required prior to the issuance of a Certificate of Occupancy. I also acknowledge the following:

- All signs require separate sign permits.
- Applicant must call at least 24 hours in advance to schedule inspections.
- Certificates of Occupancy will not be issued without inspections.

Printed Name Matthew Abram Signature Matthew Abram Date 10-30-25

STAFF USE ONLY

[DO NOT ACCEPT INCOMPLETE APPLICATIONS]

FILING FEE: 216

- Permanent C/O (\$210)
- Temporary C/O (\$325)
- Mobile Food Vendor C/O (\$100)
- Change of Property Owner Only (\$40)

Zoning Approval Denied 11-25-25 Date 11/25/25
Refer to Notice of Denial

Building Approval _____ Date _____

Fire Approval _____ Date _____

CO # 025-0123

DATE APPLICATION RECEIVED: 11/24/25

RECEIVED BY: [Signature]