CITY OF MADISON HEIGHTS
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT
ZONING MAP AMENDMENT (REZONING) APPLICATION

I. APPLICANT INFORMATION

Applicant: Smokin Bear Tobacco John R, Inc.

Applicant Address: 31075 John R Road, Ste. C2

City: Madison Heights State: MI ZIP: 48071

Interest in Property (owner, tenant, option, etc.): Tenant

Contact Person: Matthew Abro

Telephone Number: [redacted] Email Address: [redacted]

II. PROPERTY INFORMATION

Property Address(es): 31075 John R Road, Ste. C2

Tax ID(s): _____ Zoning District: _____

[PROVIDE SURVEYS AND LEGAL DESCRIPTIONS OF ALL PROPERTIES ON SEPARATE SHEETS]

Owner Name (if different than applicant): South Lyon Company, LLC

Address: 47448 Pontiac Trail, Ste. 285

City: Wixom State: MI Zip: 48393

Telephone Number: [redacted] Email Address: [redacted]

III. CONSULTANT INFORMATION (IF APPLICABLE)

Name: Mark B. Berke, Attorney for Applicant Company: Law Office of Mark B. Berke, PLLC

Address: 29777 Telegraph Road, Ste. 1561

City: Southfield State: MI Zip: 48034

Telephone Number: [redacted] Email Address: [redacted]

IV. NATURE OF REQUEST

☐ Standard Rezoning ☑ Rezoning with Conditions

Current Zoning Designation B-1 Proposed Zoning Designation B-2

V. PROJECT DESCRIPTION AND SCOPE OF WORK

Brief description explaining need for proposed map amendment:

Applicant has signed Lease Agreement for retail space, has completed build-out (with all approvals from City), and is prepared to order inventory and open business. This is the same space where a previous tobacco shop recently existed. An amendment is needed so that Applicant can obtain a Certificate of Occupancy and open business.

Required Attachments:

- ☐ **Plot Plan/Survey** specifying the boundaries of the site, with legal descriptions of all properties subject to the request.
- ☐ **Review Standards Response Form** (Standard Rezoning or Rezoning with Conditions Form)
- ☐ **For Rezoning with Conditions Only:** Rezoning with Conditions Agreement and, if proposed, Rezoning with Conditions Site Plan

VI. APPLICANT CERTIFICATION

I (we) the undersigned do hereby apply to the City of Madison Heights for review and approval of the above-described Map Amendment application. Applicant(s) and the property owner(s) do hereby consent to city staff to assess the property for purposes of evaluating the site for requested action(s).

Printed Name Matthew Abro Signature Matthew Abro Date 05-11-2026

VII. PROPERTY OWNER CERTIFICATION

IF YOU ARE NOT THE PROPERTY OWNER, YOU MUST HAVE THE PROPERTY OWNER PROVIDE A NOTARIZED SIGNATURE, BELOW, OR PROVIDE A NOTARIZED LETTER OF AUTHORIZATION OR NOTARIZED POWER OF ATTORNEY AUTHORIZING YOU TO ACT ON THEIR BEHALF.

Printed Name Becker Almufti Signature Date 05-11-2026

Notary for Property Owner:

Subscribed and sworn before me, this 11th day of May, 2026.

A Notary Public in and for Livingston County, Michigan, Acting in Oakland

Notary Name (Print): Erik W. Morris

Notary Signature:

My Commission Expires: May 21st 2028

Notary Stamp

ERIK W MORRIS
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF LIVINGSTON
My Commission Expires May 21, 2028
Acting in the County of Oakland

STAFF USE ONLY [DO NOT ACCEPT INCOMPLETE APPLICATIONS]

FILING FEE ($1,500): _____ REZONING NO.: PRZN # _____

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____

REZONING WITH CONDITIONS: RESPONSE FORM

Section 15.07.3.C of the Zoning Ordinance contains review standards/ criteria for rezonings with conditions. Please provide responses to the following review standards for consideration by staff, the Planning Commission, and City Council. (Provide additional sheets, if necessary).

A. Describe how the proposed rezoning with conditions will further the goals and objectives of the Madison Heights Master Plan.

First, the proposed rezoning will allow for the opening of a retail business in Madison Heights. This will allow for added commercial development in the City, as well as added employment (needed to operate business). This will encourage economic development and improve the appearance of the commercial corridor (since Applicant's retail space has already been professionally designed, upgraded and developed, with the approval of the City). Second, the Applicant's business will promote diversity and a balanced local economy. In addition, the Applicant's retail business is in demand and this will help ensure the accessibility and availability of local goods and merchandise. Finally, Applicant's proposed business is consistent with the other retailers (cell phone store, battery store, beauty store, etc) in the strip center.

B. Do you acknowledge the following?

Voluntary rezoning conditions shall not authorize uses or development not permitted in the requested district and shall not permit uses or developments expressly or implicitly prohibited in the Rezoning with Conditions Agreement.

☑ YES ☐ NO

C. Do you acknowledge the following?

The use of the property in question shall be in complete conformity with all regulations governing development and use within the zoning district to which the property is proposed to be rezoned including, without limitation, permitted uses, lot area and width, setbacks, height limits, required facilities, buffers, open space areas, and land use density; provided, however, the following shall apply: Development and use of the property shall be subject to the more restrictive requirements shown or specified in the Rezoning with Conditions Agreement, and/or in other conditions and provisions set forth in the Rezoning with Conditions Agreement required as part of approval. Such Rezoning with Conditions agreement shall supersede all inconsistent regulations otherwise applicable under the Zoning Ordinance.

☑ YES ☐ NO

D. Explain how the proposed Rezoning with Conditions will result in integration of the proposed land development project with the characteristics of the project area, and will result in an enhancement of the project area as compared to the existing zoning. Explain how such enhancement would be unlikely to be achieved or would not be assured in the absence of a Rezoning with Conditions.

As noted above, the Applicant has a signed Lease Agreement for the space. In addition, the Applicant's retail space has already been professionally designed, upgraded and developed, with full approvals from the City. The Applicant only needs a Certificate of Occupancy which can be secured once the rezoning (with conditions) has been approved and after the ZBA approves the required variance. If the Applicant is unable to obtain the requisite approvals, the Applicant would be unable to utilize the area, and that retail space would be left unoccupied for an unknown period of time. The approval of the rezoning (and variance) would allow for immediate business operations.

E. As compared to the existing zoning, and considering the site-specific conditions or proposed land uses, explain why it would be in the public interest to grant the Rezoning with Conditions.

First, the approval and inclusion of this proposed business will help enhance commercial enterprise by allowing competitive retail locations. Second, the proposed rezoning would provide equal access to motor vehicle traffic on southbound John R, as exists for motor vehicle traffic on northbound John R. This will improve traffic flow by allowing customers access to equivalent retail businesses on both sides of John R and, in addition, could reduce traffic accidents from vehicles effectuating left-hand turns across the roadway.

F. Explain how the proposed conditions will not preclude future zoning and planning actions by or on behalf of the municipality.

The proposed conditions would be specific to the Applicant. In other words, the agreement that Applicant would enter into with the City would be limited to the business operations of the Applicant, only. If a future owner or tenant acquires the specified location, the City should be able to consider future zoning and planning actions.

G. Are existing and available public services and utilities (including roads, sewers, water mains, etc.) capable of serving proposed or potential development that will occur as a result of the Rezoning with Conditions?

Yes, the public services available at the Applicant's location are capable of serving the Applicant's business operations. As noted above, the Applicant's retail space has already been professionally designed, upgraded and developed, with the approval of the City. The Applicant only needs a Certificate of Occupancy which can be secured once the rezoning (with conditions) has been approved and after the ZBA approves the required variance.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 03-03-2025

Employer Identification Number:
33-3716002

Form: SS-4

Number of this notice: CP 575 A

SMOKIN BEAR TOBACCO JOHN R INC
43348 TUSCANY DR
STERLING HTS, MI 48314

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-3716002. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	10/31/2025
Form 940	01/31/2026
Form 1120	04/15/2026

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

CITY OF MADISON HEIGHTS
CITY CLERK'S OFFICE
300 W 13 MILE RD

MADISON HEIGHTS, MI 48071

Mail To:
SMOKIN BEAR TOBACCO OF JOHN R IN
31075 JOHN R RD SUITE C
MADISON HEIGHTS, MI 48071

BUSINESS LICENSE INVOICE

Invoice #	Post Date
00018362	11/24/2025

License #
26-0004205

Invoice Date
11/24/2025

Due Date
11/24/2025

Amount Due
$100.00

Business ID:
BUS2705

Business Name:
SMOKIN BEAR TOBACCO OF JOHN R INC

Business Address:
31075 JOHN R RD SUITE C

Please Return This Portion with your Payment

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00018362	26-0004205	SQUARE FEET 0-5000 SQFT	11/24/2025	12/31/2026

Fee Items	Qty	Amount
0-5,000 SQ FT.	1	$100.00

PAID

NOV 24 2025

CITY OF MADISON HEIGHTS
TREASURER'S OFFICE

Billing/Invoice Date:	11/24/2025
Total Due:	$100.00
Penalties and Late Charges will be applied after:	11/24/2025

CITY OF MADISON HEIGHTS
Date Entered 11/24/2025 1:12:41
PM
Posting Date: 11/24/2025
Ref 00018362
Receipt 110878156
Amount $100.00

City of Madison Heights

BUILDING

Permit No: PB 25-0112

CDD - Building Division | 300 W. Thirteen Mile | Madison Heights, Michigan 48071
Phone:(248) 583-0831 | Fax: (248) 588-4143 | Hours: M-F 8-11:30 am - 12:30-4:30 pm

Location
31075 JOHN R RD APT C
44-25-02-478-021

Owne
SOUTH LYON COMPANY LLC
47448 PONTIAC TRL STE 285
WIXOM MI 48393-2558
[redacted]

Applicant
SOUTH LYON COMPANY LLC
47448 PONTIAC TRL STE 285
WIXOM MI 48393-2558
[redacted]

Issued: 03/21/25 Expire Date: 09/17/25
Code: M.H. ZONING ORDINANCE

24 HOURS NOTICE REQUIRED FOR INSPECTION
PERMIT HOLDER MUST REQUEST INSPECTION.

Work Description:

SPLIT ONE SUITE C 4000 SF TO TWO SUITES 2000 SF EACH SEE ATTACHED DRAWING

7/21/25 ENCLOSING A ROOM FOR CIGAR DISPLAY ROOM

Stipulations:

ROUGH AND FINAL INSPECTIONS-METAL STUDS REQUIRED.
EGRESS AND INGRESS AT BOTH UNITS

MECHANICAL APPROVE THE UNIT WITH THE FOLLOWING CONDITIONS.
THE UNIT IS NOTED AS THE ONE BEING INSTALLED ON PLANS SUBMITTED TO THE BUILDING DEPARTMENT PRIOR TO INSPECTION.
FIELD VERIFICATION BY INSPECTOR.

Permit Item	Work Type	Value	Item Total
Administrative Fee	Admin. Fee	1.00	$30.00
Commercial Construction	Commercial	25,000.00	$325.00
Commercial Plan Review	Plan Review	25,000.00	$200.00
Commercial Construction	Commercial	10,000.00	$130.00
Commercial Plan Review	Plan Review	10,000.00	$200.00

NOTICE - ALL PERMIT HOLDERS ARE REQUIRED TO HAVE OR INSTALL A CARBON MONOXIDE DECTECTOR IF THE BUILDING HAS FUEL FIRED APPLIANCES.

Fee Total: $885.00

CALL (248) 583-0831 FOR INSPECTIONS 24 HOURS AHEAD.

I agree this permit is only for the work described, and does not grant permission for additional or related work which requires separate permits. I understand that this permit will expire, and will become null and void if work is not started within 90 days, or if work is suspended or abandoned for a period of 180 days at any time after work has commenced; and, that I am responsible for assuring all required inspections are requested in conformance with the applicable code and that I will provide access to all building areas and roofs for all inspections.

I hereby certify that the proposed work is authorized by the owner, and that I am the owner or that I am authorized by the owner to make this application as his authorized agent. I agree to conform to all applicable laws of the State of Michigan and the local jurisdiction. All information on the permit application is accurate to the best of my knowledge.

I hereby certify that I have read and understand the above information.

Owner's or Authorized Agent's Signature: Date:

TYPE OF INSPECTION: Roofing

APPROVED

COMMENTS: 31075 JOHN R

05-28-2025

DATE

CITY OF MADISON HEIGHTS

TYPE OF INSPECTION: Insulation

APPROVED

COMMENTS: 31075 JOHN R

09-08-25

DATE

CITY OF MADISON HEIGHTS

City of Madison Heights

ELECTRICAL

Permit No: PE 25-0125

CDD - Building Division | 300 W. Thirteen Mile | Madison Heights, Michigan 48071
Phone:(248) 583-0831 | Fax: (248) 588-4143 | Hours: M-F 8-11:30 am - 12:30-4:30 pm

Location
31075 JOHN R RD AP
44-25-02-478-021

Owne
SOUTH LYON COMPANY LLC
47448 PONTIAC TRL STE 285
WIXOM MI 48393-2558
[redacted]

Contractor
W M ELECTRICAL INC
32361 CRAFTSBURY
FARMINGTON HILL MI 48334
[redacted]

Issued: 03/26/25 Expire Date: 09/22/25
Code: 2023 NEC
24 HOURS NOTICE REQUIRED FOR INSPECTION
PERMIT HOLDER MUST REQUEST INSPECTION.

Work Description:

PROVIDE NEW SERVICE 200 AMP

Stipulations:

Permit Item	Work Type	Value	Item Total
Administrative Fee	Admin. Fee	1.00	$30.(
Permanent Service	Perm. Service	1.00	$70.(
Final Inspection	Final Insp.	1.00	$70.(
Rough Inspection	Rough Insp.	1.00	$70.(
Registration Fee	Registration	1.00	$15.(

CALL BEFORE YOU DIG - NATIONAL MISS DIG CALL CENTER - DIAL '811'

CALL (248) 583-083 FOR INSPECTIONS 24 HOURS AHEAD.

Fee Total: $255.(

I agree this permit is only for the work described, and does not grant permission for additional or related work which requires separate permits. I understand that this permit will expire, and will become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 da at any time after work has commenced; and, that I am responsible for assuring all required inspections are requested in conformance with the applicable code.

I hereby certify that the proposed work is authorized by the owner, and that I am authorized by the owner to make this application as his authorized agent. I agree to conform to all applicable laws of the State of Michigan and the local jurisdiction. All information on the permit application is accurate to the best of my knowledge.

I hereby certify that I have read and understand the above information.

Owner's or Authorized Agent's Signature: Date:

TYPE OF INSPECTION: Electric Service / Wall Rough
PE25-0125

APPROVED

COMMENTS:

8/6/25
DATE

CITY OF MADISON HEIGHTS

TYPE OF INSPECTION: Rough Ceilings
PE250125

APPROVED

COMMENTS:

8/11/25
DATE

CITY OF MADISON HEIGHTS

TYPE OF INSPECTION: ABOVE CEILING
25-0112

APPROVED

COMMENTS: 31075 JOHNR

08-13-2025
DATE

CITY OF MADISON HEIGHTS

City of Madison Heights

MECHANICAL

Permit No: PM 25-0108

Community Development Department
Building Division
300 W. Thirteen Mile Road
Madison Heights, MI 48071
(248) 583-0831 Fax (248) 588-4143

Office Hours
8-11:30a.m. 12:30-4:30 p.m.

Fire Department
Fire Prevention Bureau
31313 Brush St.
Madison Heights, MI 48071
(248) 588-3605 Fax (248) 588-3604

Location
31075 JOHN R RD APT C
44-25-02-478-021

Owne
SOUTH LYON COMPANY LLC
47448 PONTIAC TRL STE 285
WIXOM [redacted] MI 48393-2558

Contractor
BECKER AL-MUFTI
1316 ANDOVER DRIVE
WIXOM [redacted] MI 48393

Issued: 03/26/25 Expires: 09/22/25

24 Hours notice is required for all mechanical inspections

Work Description:
PROVIDE NEW DUCTWORK, SMOKE DETECTORS FOR EXISTING RTU

Stipulations:

Permit Item	Work Type	Value	Item Total
Administrative Fee	Administrative	1.00	$30.0(
Commercial Heat or Air	Commercial	1.00	$70.0(

CALL (248) 583-0831 FOR MECHANICAL INSPECTIONS 24 HOURS AHEAD.

CALL BEFORE YOU DIG - NATIONAL MISS DIG CALL CENTER - DIAL 811

Fee Total: $100.0(

I agree this permit is only for the work described, and does not grant permission for additional or related work which requires separate permits. I understand that this permit will expire, and will become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after work has commenced; and, that I am responsible for assuring all required inspections are requested in conformance with the applicable code and that I will provide access for to all building areas and roofs for all inspections.

I hereby certify that the proposed work is authorized by the owner, and that I am authorized by the owner to make this application as his authorized agent. I agree to conform to all applicable laws of the State of Michigan and the local jurisdiction. All information on the permit application is accurate to the best of my knowledge.

I hereby certify that I have read and understand the above information and all information contained in the appplication and its attachments.

Owner's or Authorized Agent's Signature:

Date:

TYPE OF INSPECTION: Rough Mech

Gas Piping Test

Passed

APPROVED

COMMENTS: Mon Residential Rep

05/09/2025

DATE CITY OF MADISON HEIGHTS

TYPE OF INSPECTION: Rough HVAC

APPROVED

COMMENTS:

6-5-25 BEATTY

DATE CITY OF MADISON HEIGHTS

TYPE OF INSPECTION: INS DUCT

APPROVED

COMMENTS:

8-1-25 BEATTY

DATE CITY OF MADISON HEIGHTS

'PE OF INSPECTION: Suppression

APPROVED

OMMENTS:

8-13-25

DATE CITY OF MADISON HEIGHTS

TYPE OF INSPECTION: Fire Suppression Final

APPROVED

COMMENTS:

9-17-25 FM Figueroa

DATE CITY OF MADISON HEIGHTS