

## CITY OF ALBION—APPLICATION FOR FENCE PERMIT

City of Albion Planning Department (517) 629-7189 SAFEbuilt, Inc. (269) 729-9244

FOR OFFICE USE ONLY

Stamp here for "Date Received"

Deposit to Account. #101-400-483.00

Stamp here for "Approved/Deny"

Permit #:

20

Received by

Amount:

Date

Stamp here for "Paid"

# ALBION ZONING ORDINANCE ARTICLE II. ADMINISTRATION AND ENFORCEMENT

## Section 30-23. Zoning Permit

(a) No land shall be used or occupied and no structure shall be designed, erected, altered or used hereafter until a zoning permit shall have been issued by the zoning inspector. It shall be the duty of the zoning inspector to issue a zoning permit, provided he is satisfied that the building, structure or premises, and the proposed use thereof, conform with all the requirements of this chapter. A zoning permit issued by the zoning inspector shall be required prior to the issuance of any building permit.

**Application Instructions:** Complete all applicable sections of this form. Type or use black ink. No application will be considered submitted or processed by the Planning Department until a <u>complete</u> application and all required documents are received.

## **Required Documents:**

- Site Plan as required
- Proof of ownership

1. Property Information:

• Proof of payment for fence permit application fee (see fee schedule invoice)

# Residential and Commercial Application for Fence Permit Fee: \$35.00

Street Address: Use Complete Street Address,	, e.g. 101 North Main Str	eet	Parcel Number
Use Classification:			
[] Residential	[] Commercial fee: [] Industrial fee:		
[] New Construction fee:	[] Existing Construction fee:		
2. Owner Information:			
Name: Include Contact Person If Applicable			Phone
Street Address:		City, State Zip Code:	
3. Applicant Information:			
Name: Include Contact Person If Applicable			Phone
Street Address:		City, State Zip Code:	
Federal Employee ID Number/Social Security	Number	Workers Compensation	Insurance Carrier

**Property Zoned:** 

## 4. Plan Review Requirements

**PLEASE ATTACH ADDITIONAL SHEETS TO ILLUSTRATE THE WORK BEING DONE.** It is highly recommended that you show all public streets, sidewalks, and utilities that are near or will be affected by your project. For projects close to property lines, include any structures that may neighbor the property where the alteration will take place

# 5. Project Information: (Plot Plan is not required for projects that are only repair/replace.)

Estimated Start Date:	Estimated Finish I	Date:	Project Cost/Bid Prio	ce:
Application Request: Check all that	apply.			
[] New Construction [] Fence(s)/Screening	[] Relocation [] Variances		[] Repair/Replace [] Other	
* Note, Describe Application Activit	y:			
Structure Frame: Check all that apply	y	Fence: Check all	that apply	
[] Steel [] Concrete		[] Steel	[] Concrete	
[] Masonry [] Wood [	] Other	[] Masonry	[] Wood	[] Other
C C'A DI DA LA LA DA LA DA LA LA	. G. 4 20 422 /	(1) (2)]		
6. Site Plan Projects [As Required :	in Section 30-422 (	(1) (2)]		
All Projects Regulated By Section (		S:	. 1	
[] Residential [] Commercial/Business	[] Mobile Home [] Industrial		pecial Use Other	_

#### 7. Declarations and Certification

Applicants who wish to appeal the decision of the Zoning Administrator must do so in writing to the Planning Department within 10 days of receiving notification that the Zoning Permit has been denied. The Zoning Board of Appeals typically meets on the second Wednesday of each month and will seek to deal with all appeals in a timely fashion.

Remember to contact **Cornerstone Inspection Services** at (269) 729-9244 to see what building permits will be required for the project. Cornerstone Inspection Services <u>will not</u> issue an occupancy permit until all ZONING and BUILDING permits have been completed and approved by the appropriate authorities.

I hereby certify that I am the **owner** of record of the named property and that I have authorized the proposed work. I further agree to conform to all applicable laws of this jurisdiction. If a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of <b>Owner</b> :	Phone		Date
Street Address:		City, State, Zip C	ode

I hereby certify that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of <b>Applicant</b> :	Phone		Date
Street Address:		City, State, Zip C	ode

## For Planning Department Use Only

## 8. Evaluation and Determination

#### **PUBLIC SERVICES**

Right of Way	[]YES []NO	
Soil Erosion	[]YES []NO	

#### **ZONING PERMIT**

Site Plan	[]YES	[]NO	
Variance	[]YES	[]NO	
Non-conformity Non-conformity	[]YES	[]NO	
Special Use	[]YES	[]NO	

## PLANNING DEPARTMENT APPROVAL/DENY

Signature	Date
Notes	Stamp

**NOTE:** It is the responsibility of said property owner listed on this application to make sure the fence to be erected is completely located on the private property listed on this application for permit. Fence shall not be erected on: the property line; property of a different address and / or parcel number, of property abutting or adjacent to address list on this application; and / or of property owned by a different person then listed on this application.