



**CITY OF ALBION—APPLICATION FOR ZONING PERMIT**

City of Albion Planning Department (517) 629-7189

SAFEbuilt (269) 729-9244

**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 complete application and all required documents are received.

**Required Documents:**

- Plot Plan or Site Plan as required (see handout materials)
- Proof of ownership
- Proof of payment for zoning permit application fee (see fee schedule invoice)

**Residential and Commercial Application for Zoning Fee: \$45.00**

|                                       |
|---------------------------------------|
| <b><i>FOR OFFICE USE ONLY</i></b>     |
| Permit #:<br><b>20</b> - _____        |
| <i>Stamp here for "Date Received"</i> |
| <i>Received by</i>                    |

|   |
|---|
| <b><i>Deposit to Account. #101-400-483.00</i></b> |
| <i>Stamp here for "Paid"</i>                      |
| <i>Amount:</i>                                    |

|                                       |
|---------------------------------------|
| <i>Stamp here for "Approved/Deny"</i> |
| <i>Date</i>                           |

**1. Property Information:**

**Property Zoned:**

|  |  |                                     |
|--|--|-------------------------------------|
| Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i> | Parcel Number                                  |                                     |
| Use Classification:  |  |                                     |
| <input type="checkbox"/> Residential   | <input type="checkbox"/> Commercial            | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> New Construction                                      | <input type="checkbox"/> Existing Construction |                                     |

**2. Owner Information:**

|   |                       |
|---|-----------------------|
| Name: <i>Include Contact Person If Applicable</i> | Phone                 |
| Street Address:                                   | City, State Zip Code: |

**3. Applicant Information:**

|   |  |
|---|--|
| Name: <i>Include Contact Person If Applicable</i> | Phone                                  |
| Street Address:                                   | City, State Zip Code:                  |
| Federal Employee ID Number/Social Security Number | Workers Compensation Insurance Carrier |



**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 SAFEbuilt at (269) 729-9244 to see what building permits will be required for the project. SAFEbuilt will not 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 Code |

*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 Code |

**8. Evaluation and Determination**

**SAFEBUILT (BUILDING & TRADES INSPECTIONS)**

|                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Mechanical Permit           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Plumbing Permit             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Electrical Permit           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Residential Building Permit | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Commercial Building Permit  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Plans Examination           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PUBLIC SERVICES**

|                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Right of Way     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Curb Cut         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Sewer Connection | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                  |                              |                             |

**CALHOUN COUNTY**

|              |                              |                             |
|--------------|------------------------------|-----------------------------|
| Soil Erosion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--------------|------------------------------|-----------------------------|

**ZONING PERMIT**

|                |                              |                             |
|----------------|------------------------------|-----------------------------|
| Site Plan      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Variance       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Non-conformity | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Special Use    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PLANNING DEPARTMENT APPROVAL/DENY**

|                  |  |              |
|------------------|--|--------------|
| <i>Signature</i> |  | <i>Date</i>  |
| <i>Notes</i>     |  | <i>Stamp</i> |