



CITY OF ALBION—APPLICATION FOR ZONING PERMIT

City of Albion Planning Department (517) 629-5535
SAFEbuilt Inspection, Building Permits (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)

Fee: \$45.00

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"/> New Construction	<input type="checkbox"/> Commercial <input type="checkbox"/> Existing Construction	<input type="checkbox"/> Industrial

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	

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

Deposit to Account. #101-400-483.00
Stamp here for "Paid"
Amount:

Stamp here for "Approved/Deny"
Date

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 Date:	Project Cost/Bid Price:																		
<p>Application Request: <i>Check all that apply.</i></p> <table> <tr> <td><input type="checkbox"/> New Construction</td> <td><input type="checkbox"/> Relocation</td> <td><input type="checkbox"/> Home Occupation</td> </tr> <tr> <td><input type="checkbox"/> Addition</td> <td><input type="checkbox"/> Land Division</td> <td><input type="checkbox"/> Accessory Structure</td> </tr> <tr> <td><input type="checkbox"/> Foundation Only</td> <td><input type="checkbox"/> Variances</td> <td><input type="checkbox"/> Alteration</td> </tr> <tr> <td><input type="checkbox"/> Extraction/Fill/Grade</td> <td><input type="checkbox"/> Planned Unit Development</td> <td><input type="checkbox"/> Repair/Replace</td> </tr> <tr> <td><input type="checkbox"/> Fence(s)/Screening</td> <td><input type="checkbox"/> Change in Use</td> <td><input type="checkbox"/> Demolition</td> </tr> <tr> <td><input type="checkbox"/> Sign(s)/Billboard(s)</td> <td><input type="checkbox"/> Telecommunications</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>* Note, Describe Application Activity:</p>			<input type="checkbox"/> New Construction	<input type="checkbox"/> Relocation	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Addition	<input type="checkbox"/> Land Division	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Variances	<input type="checkbox"/> Alteration	<input type="checkbox"/> Extraction/Fill/Grade	<input type="checkbox"/> Planned Unit Development	<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Fence(s)/Screening	<input type="checkbox"/> Change in Use	<input type="checkbox"/> Demolition	<input type="checkbox"/> Sign(s)/Billboard(s)	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Other
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<p>Structure Frame: <i>Check all that apply</i></p> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Other	<p>Exterior Wall: <i>Check all that apply</i></p> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Other																			
Are there any structural assemblies that are being fabricated off site?		<input type="checkbox"/> YES <input type="checkbox"/> NO																		
Will there be heating, air conditioning, or ducting installed as a part of this project?		<input type="checkbox"/> YES <input type="checkbox"/> NO																		
Will this project include new or upgraded attachments to water or sewer facilities?		<input type="checkbox"/> YES <input type="checkbox"/> NO																		
Will this project include the installation of new electrical circuits or fixtures?		<input type="checkbox"/> YES <input type="checkbox"/> NO																		
Will this project change the footprint of the existing structure(s)?		<input type="checkbox"/> YES <input type="checkbox"/> NO																		
Manufactured/ Modular – Serial Number:																				

6. Site Plan Projects [As Required in Section 30-422 (1) (2)]

All Projects Regulated By Section (30-421)		
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Mobile Home District	<input type="checkbox"/> Special Use Permits
<input type="checkbox"/> Commercial/Business	<input type="checkbox"/> Plats	<input type="checkbox"/> Planned Unit Development
<input type="checkbox"/> Industrial	<input type="checkbox"/> Condominium	<input type="checkbox"/> 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 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 Owner :	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 Applicant :	Phone	Date
Street Address:		City, State, Zip Code

8. Evaluation and Determination

CORNERSTONE INSPECTION SERVICES

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
Soil Erosion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sewer Connection	<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>

NOTE: Location of the handicap ramp does not meet the set back as required by the City of Albion Zoning Code, the approval of this application for zoning shall only be for the temporary use of a handicap ramp for two (2) years from this date May 22, 2013. At the end of the two (2) year time line for said temporary use, non-conforming use will go before the Planning Department for review as to extend temporary use or deny use. During the two year time line if the temporary ramp is no longer needed by Ervin Hunter, it shall be removed within ninety (90) calendar days from said location in the yard.

Handicap ramp shall meet applicable building codes, contact SAFEbuilt Inspection for permit information at 269-729-9244.

Revised 05-20-10