

4. SITE PLAN AND FLOOR PLAN REQUIREMENT (NEW FACILITY OR IF CHANGES HAVE BEEN MADE)

Applicants shall submit a site and floor plan of the residential dwelling unit illustrating that the proposed operation meets all building code and zoning ordinance requirements.

5. Certification

I hereby certify that I am the owner of record of the named property, or that the bed and breakfast license is requested by the owner of record and 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, I agree to allow members of the City of Albion Inspection and Planning Department staff to inspect the site as a part of the consideration of this request. I hereby affirm that if this bed and breakfast license is granted, I will comply with all general and bed and breakfast conditions required by the City of Albion Zoning Ordinance. However, I retain the right to decline the bed and breakfast license if I find those conditions unacceptable. Finally, should a bed and breakfast license be granted, I shall apply for and receive all applicable permits before beginning any construction.

Signature of Applicant:	Phone	Date
Street Address: <i>Use Complete Street Address, e.g. 101 North Main Street</i>		City, State, Zip Code



For Planning & City Clerk/Treasurer Departments Use Only

6. Evaluation and Determination

PLANNING DEPARTMENT APPROVAL/DENY

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

TREASURER/CLERK APPROVAL/DENY

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

Revised 02-10-10