



CITY OF ALBION—APPLICATION FOR FENCE PERMIT

City of Albion Planning Department (517) 629-7189

SAFEbuilt, Inc. (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:

- Site Plan as required
- Proof of ownership
- Proof of payment for fence permit application fee (see fee schedule invoice)

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

<u>FOR OFFICE USE ONLY</u>
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

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

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 **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

PUBLIC SERVICES

Right of Way	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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>

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.