

Date Received: _____ Permit# _____
Decision Date: _____



Office of Planning and Zoning
210 State Street Charlevoix, MI. 49720
planner@charlevoixmi.gov
www.charlevoixmi.gov
(231)547-3265

FENCE PERMIT APPLICATION PROCEDURES

1. This application is to be completed by the applicant, signed, and filed with the Zoning Administrator. The Zoning Administrator may waive certain application requirements such as lot corner staking, certain drawings, and/or building location staking if it can be determined that the proposed project meets the requirements of the Title V Planning and Zoning without such documentation.
2. Applicant must attach a scaled drawing of the proposed fence construction. Please be as detailed as possible, as this will be used to determine if a permit can be issued in accordance with the Zoning Ordinance. Corrections or additions may be required by the Zoning Administrator to determine compliance with the Zoning Ordinance.
 - Lot or parcel dimensions.
 - Existing buildings
 - Location and dimensions of proposed fence(s).
 - Scale, North arrow.
3. Applicant pays \$25.00 Fence Permit fee made payable to the City of Charlevoix.
4. Applicant provides field staking of property boundaries and structures by applicant for inspection by Zoning Administrator. A registered land surveyor may be required to stake the property corners.
5. Zoning Administrator makes determination of compliance with the zoning ordinance based on the application and site visit.

**I UNDERSTAND THAT IF THERE IS A FINISHED SIDE TO THE FENCE, THAT SIDE HAS TO FACE OUT
IN ACCORDANCE WITH SECTION 5.65(2).**

Signed: _____ Date: _____

FENCE PERMIT APPLICATION

Applicant

Address of subject property

Address (City/State/Zip)

Property Owner Name (If different than applicant)

Property Owner Address (City/State/Zip) (If different than address of subject property)

Property Owner Phone
(___) ___ - ____

Email

Agent Phone
(___) ___ - ____

Email

Use of Property: (Example: Single Family, Duplex, Apartments, Commercial, etc.)

Please describe the type of fence being constructed: (Example: chain link, picket, etc.)

Are all sides of the proposed fence the same type: _____

Height of proposed fence (not including posts and post caps): _____

Expected date to begin construction if known: _____

AFFIDAVIT

I hereby certify that the proposed work is authorized by the property owner, and that I have been empowered by the owner to make this application as his/her selected agent. I agree the statements made in the above application are true, and if found not to be true, any zoning permit issued may be void. I also agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree that any permit that may be issued is issued with the understanding that the individual(s) or organization(s) named or represented on that permit will comply with all applicable sections of the City of Charlevoix Zoning Ordinance. Accordingly, I agree that any and all construction, installation, alteration, addition, or demolition described herein will be conducted and carried out in compliance with City of Charlevoix Zoning Ordinance. I

also agree to give permission for officials of the City of Charlevoix, the County, and the State of Michigan to enter the property subject to this permit application for purposes of inspection. Finally, I understand that this is a fence permit application (not a fence permit) and that a fence permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction, or other property rights.

Signed: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

Zoning District: _____ Tax ID: 052-__ __ -__ __ -__ __

Receipt Number: _____ Date Inspected: _____

Approved: Denied: If variance was required: Project # _____

Staff findings or notes: _____

Zoning Administrator Signature: _____

Date: _____