

# FENCE INSTALLATION

## PERMIT APPLICATION CHECKLIST

(Return with **Zoning Permit Application**)

(If Applicable, Fence is greater than 7ft in height, Return with **Accessory Building Permit Application**)

Permit application for: \_\_\_\_\_  
(Job Address)

Owner's Name: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Before any zoning approval may be granted, all of the following documentation must be submitted with an application to place the fence. By providing all information, you can assure that the application can be reviewed as efficiently as possible.

- \_\_\_\_\_ 1. **BUILDING PERMIT APPLICATION** (accessory) including the following:
  - A. Linear feet of fence to be installed.
  - B. signature of applicant (owner or contractor).
- \_\_\_\_\_ 2. **LOT DIAGRAM** or **PLOT PLAN** on page two of application form. The drawing must include all items listed on the form, and must show where the fence is to be placed on the owners property, and its relationship to buildings and lot lines.
- \_\_\_\_\_ 3. **HEIGHT**: Indicate the height of the fence. If there will be different heights, please indicate where the different heights will be located on the property.
- \_\_\_\_\_ 4. **TYPE**: Indicate type of fence to be placed (i.e. chain link, picket, privacy, stockade, etc.)
- \_\_\_\_\_ 5. **PROOF OF OWNERSHIP** (Provide a copy of one of the following documents: tax statement, assessment notice, deed, title insurance commitment...)
- \_\_\_\_\_ 6. **PROPERTY TAX I.D. NUMBER FOR PROPERTY INVOLVED.**

Your application will be reviewed when all information has been received, and a permit issued when compliance with applicable ordinance requirements has been verified. Placement of the fence should not proceed until you have first received the zoning approval permit.

BUILDING DEPARTMENT OFFICE HOURS are 1:00pm to 5:00pm, Monday through Friday and All Day Wednesday. TELEPHONE at 517-641-4238; by MAIL at 14480 Webster Rd, PO Box 247, Bath, MI 48808; or by FAX at 517-641-4170.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CALL SHOULD YOU REQUIRE FURTHER ASSISTANCE IN COMPLETING APPLICATIONS.**



# Zoning (Land Use) Permit Application

**ZONING FEE: \$50**

Planning and Zoning Department  
14480 Webster Road, P.O. Box 247, Bath, MI 48808  
Phone (517) 641-5166 Fax: (517) 641-4170  
[www.bathtownship.us](http://www.bathtownship.us)

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Project Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Parcel ID Number: 19-010- \_\_\_\_\_ Zoning District: \_\_\_\_\_

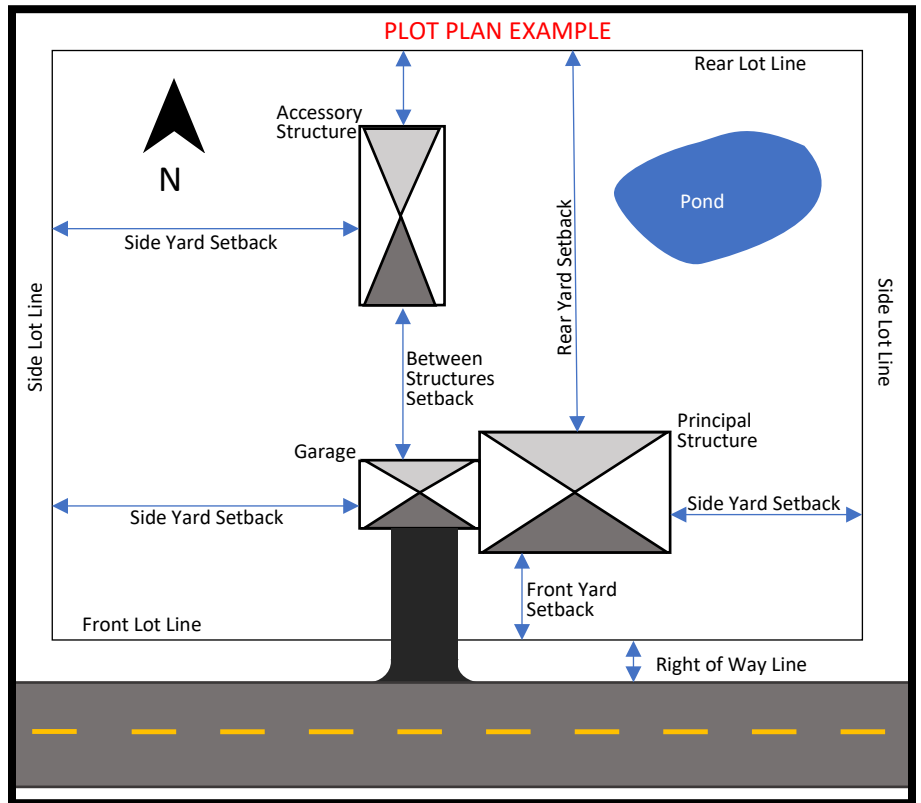
Site is N S E W, of intersection: \_\_\_\_\_

Intended Use of Land / Structure: \_\_\_\_\_

## A PLOT PLAN SHALL ACCOMPANY THIS APPLICATION

### Plot Plan shall show all of the following:

1. Lot Dimensions in feet
2. Label adjacent roads (public and private)
3. Location and sizes of all existing and proposed structures
4. Front, rear and side yard distances from structures to the lot lines (front yard is measured from road right of way line)
5. Distance between structures
6. Driveways (distance from lot line)
7. Any lakes, ponds, waterways or wetlands within 500 feet.
8. Utility Lines
9. Easements (existing and proposed)
10. North Indicator



Applicant / Agent Name (PRINT): \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Agents Address: \_\_\_\_\_

Applicant / Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officials Approval: \_\_\_\_\_ Date: \_\_\_\_\_

THE OWNER OF THIS LAND AND UNDERSIGNED, DO HEREBY COVENANT AND AGREE TO COMPLY WITH ALL APPLICABLE LAWS AND THE ZONING ORDINANCE OF BATH CHARTER TOWNSHIP PERTAINING TO LAND USE, AND TO CONSTRUCT THE PROPOSED STRUCTURE OR MAKE THE PROPOSED CHANGE OR ALTERATION IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS SUBMITTED HEREWITH, AND CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION ARE TO THE BEST OF THEIR KNOWLEDGE, TRUE AND CORRECT. BY SIGNING THIS DOCUMENT, YOU ALSO AGREE TO COOPERATE WITH THE ZONING AND BUILDING STAFF, AND ALLOW ACCESS TO ALL PROPERTIES AND STRUCTURES MENTIONED ABOVE.



# Zoning (Land Use) Permit Application

Planning and Zoning Department

## **PLOT PLAN DIAGRAM**

See first page for plot plan example

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# ACCESSORY BUILDING PERMIT

Bath Township Building and Zoning  
PO Box 247, (14480 Webster Rd)  
Bath, MI 48808  
Phone: 517-641-4238  
Fax: 517-641-4170

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
BATH TOWNSHIP

Permit # \_\_\_\_\_  
**Accessory/detached structures and demolition**

Job Address: \_\_\_\_\_ Property Tax Id No. \_\_\_\_\_

Owner \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address \_\_\_\_\_

Basic Dimensions: \_\_\_\_\_ ft x \_\_\_\_\_ ft. No. of floors \_\_\_\_\_ Building Height \_\_\_\_\_

Type of Construction \_\_\_\_\_

**PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:**

- |   |  |
|---|--|
| <input type="checkbox"/> Sq. ft. shed<br><input type="checkbox"/> Sq. ft. pole building<br><input type="checkbox"/> Sq. ft. porch on pole building<br><input type="checkbox"/> Sq. ft. pool<br><input type="checkbox"/> Sq. ft. deck for pool<br><input type="checkbox"/> Sq. ft. unattached frame garage<br><input type="checkbox"/> Sq. ft. storage building & foundation<br><input type="checkbox"/> Sq. ft. demolition<br><input type="checkbox"/> Lineal ft. fence<br><input type="checkbox"/> _____ Type of fence<br><input type="checkbox"/> _____ Height of fence<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | <input type="checkbox"/> cement slab & thickened edge<br><input type="checkbox"/> cement slab (3 1/2" - 4")<br><input type="checkbox"/> rafters _____" O.C.<br><input type="checkbox"/> trusses _____"O.C.<br><input type="checkbox"/> metal roof<br><input type="checkbox"/> asphalt shingles<br><input type="checkbox"/> metal exterior<br><input type="checkbox"/> aluminum/vinyl exterior<br><input type="checkbox"/> brick exterior<br><input type="checkbox"/> block exterior<br><input type="checkbox"/> wood exterior<br><input type="checkbox"/> Number of windows<br><input type="checkbox"/> Number of garage doors |
|---|--|

Office Use Only
Zoning District _____
Use Group _____
Type of Construction _____
Permit Determinant _____

<p><b>COST OF PERMIT: \$</b> _____</p> <p><b>By:</b> _____</p> <p style="text-align: center;"><b>Building Official</b></p> <p style="text-align: center;">Make checks payable to: <b>BATH Township</b></p>
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Contractor		Phone		Fax	
Fax		Cell			
Address			City & State		Zip Code
Federal D No/Social Security No.			MESC Employer No.		
License No.	Expiration Date	Worker's Disability Compensation Carrier			
EMAIL					
If exempt from any of the above, explain here:					

**Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23A are subject to civil fines.**

**HOMEOWNER'S AFFIDAVIT and SIGNATURE**

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT'S/CONTRACTORS AFFIDAVIT and SIGNATURE**

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE INFORMATION ON SECOND PAGE**