

**CITY OF CHEBOYGAN, MICHIGAN
FENCE PERMIT APPLICATION**

[Pursuant to Section 95.02 (24)]

OFFICE USE ONLY:

(applicant)

(address)

(city, state, zip code)

Permit/Application No: _____
Date Received: _____
Fee* Received: _____
(*fee - \$25.00 – subject to change)

home telephone business telephone fax number

If you are not the property owner are you leasing/renting the property? ___yes (please check is applicable)

PROPERTY OWNER(S) NAME AND ADDRESS (if not the applicant)

(name)

(address)

(telephone)

APPLICANT'S CAPACITY IF NOT PROPERTY OWNER (circle one):

Contractor____ Agent/Other:_____

ADDRESS OF PROPERTY: _____
(Please obtain an address from the City Assessor, if none assigned.)

PARCEL SIZE: _____

PROPERTY DESCRIPTION: _____

PARCEL DATA PROCESS (tax) NUMBER: 16-_____

ZONING DISTRICT OF PROPERTY: _____

FENCE TYPE: ___Chainlink ___Wood ___Plastic ___Brick ___Block

(Fence material must be quality grade A finished material and approved by the City of Cheboygan.)

___ **ATTACHED SITE PLAN OF PROPERTY, DRAWING OF FENCE PLACEMENT & SPECIFICATIONS FOR THE PROPOSED FENCE [include where fence is to be placed on property]**
Fences shall not exceed 6 feet in height with finished side erected towards the neighbor or public right-of-way. If erected fence is not as stated in this Application, the City has the right to request the removal of the same.

AFFIDAVIT: I agree the statements made above are true, and if found not to be true, any permit that may be issued may be void. Further I agree to comply with the conditions and regulations provided with any permit that may be issued. Further, I agree the permit that may be issued is with the understanding all applicable sections of the City of Cheboygan Ordinances will be complied with. Further, I agree to give permission for officials of the City of Cheboygan to enter the property subject to this permit application for purposes of inspection.

Signed: _____ Date: _____

When completed return to:

Zoning Administrator
City of Cheboygan
403 N. Huron Street, PO Box 39
Cheboygan, MI 49721

APPROVED: _____

Signature – Zoning Administrator

DATE: _____

Approval expires one year from date of issuance.

(For questions, please contact the City of Cheboygan at 231-627-9931)