

**VILLAGE OF MANCELONA**

**120 West State St**

**PO Box 648**

**Mancelona, MI 49659**

**Phone: (231) 587-8331**

**ZONING PERMIT APPLICATION - FENCE**

Property Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Applicant: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

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

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

Rent: \_\_\_\_\_ Own: \_\_\_\_\_ (mark one)

Proposed Use: \_\_\_\_\_

Type of Fence: \_\_\_\_\_ (all fences require a permit, except living fences)

Height of Fence: \_\_\_\_\_ (Per Section 2.20 may not exceed six (6) feet in the side or rear yard and shall not exceed four (4) feet in height in the front yard.)

**NOTE: A drawing showing a sketch of your property boundaries, existing building(s) and the proposed fence location and the distance from the property lines is required. Include photo or sketch of proposed fence material.**

**Include property owner authorization letter and signature.**

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My signature below indicates that I am the owner of this property, or that I am authorized by the owner to act in this matter, and that all information contained in this permit application is accurate and truthful. I agree to allow the Village of Mancelona Zoning Administrator reasonable access to this property to verify setbacks and related matters, per Village of Mancelona Zoning. I agree to comply with the conditions and regulations provided with any permit that may be issued. I agree the permit that may be issued is with the understanding all applicable sections of the Village of Mancelona Zoning Ordinance will be complied with.

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

( ) OWNER ( ) APPLICANT

***For Village Use Only***

Fee Paid: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ ZA signature: \_\_\_\_\_