



# CITY OF ROCHESTER

Building Department Phone: (248) 651-9061  
400 Sixth Street Fax: (248) 651-2624  
Rochester, MI 48307 www.rochestermi.org

## ZONING COMPLIANCE PERMIT APPLICATION (FOR FENCES, SHED AND GENERATOR)

AUTHORITY: ZONING ORDINANCE  
COMPLETION: MANDATORY TO OBTAIN PERMIT

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III & IV AND SUBMIT WITH SITEPLAN/SURVEY  
NOTE: SEPARATE APPLICATIONS MUST BE MADE FOR ELECTRICAL, PLUMBING, & MECHANICAL PERMITS

<b>I. TYPE OF PROJECT</b>	1. <input type="checkbox"/> ACCESSORY STRUCTURE (UNDER 200 SQ. FT. & NOT TO EXCEED 8 FT. IN HEIGHT)
	2. <input type="checkbox"/> ALL FENCES 6 FT. IN HEIGHT OR LESS
	3. <input type="checkbox"/> RETAINING WALL LESS THAN 4 FT. IN HEIGHT
	4. <input type="checkbox"/> OTHER (Freestanding Generator)

<b>PROJECT ADDRESS</b>	<b>HEIGHT, STYLE &amp; LENGTH OF FENCE/STRUCTURE</b>
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### II. IDENTIFICATION/PROPERTY OWNER

Name			
Address	City	State	Zip Code
Telephone Number			

### III. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES THAT ARE APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Name	Email Address
Address	City	State      Zip Code
Telephone Number	BUILDERS LICENSE NUMBER & EXPIRATION DATE (IF APPLICABLE)	

### IV. APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT. WE AGREE TO CONFORM TO THE CITY OF ROCHESTER ZONING ORDINANCE. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Contractor or Homeowner	Date	Date of Birth
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### CITY OF ROCHESTER BUILDING DEPARTMENT TO COMPLETE THIS SECTION:

	REQUIRED	APPROVED	DATE	BY
VARIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

REVIEWED & APPROVED BY: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_  
CITY OF ROCHESTER BUILDING/ZONING OFFICIAL

COMMENTS: