



# 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 AND SHEDS)

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

**I. TYPE OF PROJECT**

1.  ACCESSORY STRUCTURE (UNDER 200 SQ. FT. & NOT TO EXCEED 8 FT. IN HEIGHT)  
 2.  ALL FENCES 6 FT. IN HEIGHT OR LESS  
 3.  RETAINING WALL LESS THAN 4 FT. IN HEIGHT  
 4.  OTHER

<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 _____
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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:**