



CITY OF FENTON

301 South Leroy Street ♦ Fenton, Michigan 48430-2196 ♦ (810) 629-2261 ♦ FAX (810) 629-2004

Zoning Permit

Date _____

1. Identification

Name of Property Owner _____

Agent of Property Owner _____

Signature _____

Phone Number _____

Email Address _____

2. Property Information

Location of Property Reviewed

Address _____ Fenton MI 48430

Permanent Parcel Number (s) 53-____ - ____ - ____

Zoning _____

Submit copy of plot drawing, plot to give detail on property size, show all structures including sizes, setbacks from all property lines and distances from each structure, including porches, decks, swimming pools, sidewalks, and driveways. (Zoning approval required prior to any construction plan review)

3. Permit Request

Description of Request _____

Remarks _____



If checked here read below: _____

It will be necessary for the owner/applicants to be granted a variance for the practical difficulty incurred in meeting the adopted zoning ordinance or ordinances of the City, or modify the application and proposal as to bring into conformance with City Ordinance. If request is modified further review and approval is necessary.

_____ Compliance will be required prior to the Zoning and Building Department issuing the necessary approvals.

For Zoning Administrator Use:

Fee: _____ Total Fee Received: _____ Receipt No.: _____

If checked here: _____ See Building Permit for Fee Collection

Signature of Zoning Administrator: _____ Date: _____

