



# CITY OF BATTLE CREEK

10 N. Division St., Ste. 117, Battle Creek, MI 49014  
Zoning 269-966-3320 · Fax: 269-966-3654

## FENCE, DECK, & ACCESSORY BUILDING - ZONING PERMIT APPLICATION

*For fences 7' or less in height; AND*

*for residential accessory buildings/freestanding decks 200 sq. ft. or less; non-residential accessory buildings 120 sq. ft. or less*

PLEASE TYPE OR PRINT: Date Submitted: \_\_\_\_\_ Property ID #: \_\_\_\_\_

I. **LOCATION OF BUILDING:** Address: \_\_\_\_\_

II. **PRINCIPAL USE:** \_\_\_\_\_ Residential \_\_\_\_\_ Office, Commercial, or Industrial

III. **TYPE OF IMPROVEMENT:** \_\_\_\_\_ New Accessory Bldg \_\_\_\_\_ Addition to Accessory Bldg \_\_\_\_\_ Fence \_\_\_\_\_ Pool Fence

IV. A. **PROJECT INFORMATION:**

**ACCESSORY BUILDING/DECK:**

Dimensions: \_\_\_\_\_

Use of building: \_\_\_\_\_

Height of building\*: \_\_\_\_\_

Roof Pitch: \_\_\_\_\_ 3/12 \_\_\_\_\_ 4/12 \_\_\_\_\_ 5/12  
\_\_\_\_\_ Other (please provide)

Cost of Improvement: \_\_\_\_\_

\*Height measured 1/2 way between peak and eaves.

**FENCE:**

Type of Fence \*\*: \_\_\_\_\_

\_\_\_\_\_ Privacy fence = more than 50% opaque

\_\_\_\_\_ Non-privacy fence = less than 50% opaque  
(i.e. wrought iron, chain link, picket, etc.)

Construction Material: \_\_\_\_\_

Height of Fence \*\*: \_\_\_\_\_

Location of fence: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Cost of Improvement: \_\_\_\_\_

**\*\*Privacy fences are not permitted in front yards.** If proposing varied heights, include specific information on the site plan on the back of this page.

B. **LICENSED BUILDERS INFORMATION:** General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Worker's Disability Compensation Insurance: Carrier: \_\_\_\_\_

IRS Employer #: \_\_\_\_\_ MESC Employer #: \_\_\_\_\_

C. **OWNER OR LESSEE INFORMATION:** Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax#: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**THE SECOND PAGE MUST BE COMPLETE IN ORDER FOR APPLICATIONS TO BE REVIEWED.**

