



Village of Bellaire
202 N. Bridge St., P.O. Box 557
Bellaire, MI 49615

www.bellairemichigan.com

Phone: (231) 533-8213 Fax: (231) 533-4183

FENCE PERMIT APPLICATION

Property Address: _____

Zoning District: _____

Property Number: _____

Applicant: _____

Property Owner: _____

Applicant Address: _____

Property Owner Address: _____

Phone: _____

Email: _____

Fee Paid: \$ _____

Date Rec'd: _____

Rec'd by: _____

Case # _____

Inspection Date: _____

Approved: _____

Denied: _____

Permit #: _____

Date issued: _____

Proposed Fence Site Address (if different than above): _____

Type of Fence: _____ (all fences require a Zoning Permit, except living fences)

Height of Fence: _____ (Per Section 3.09 may not exceed six (6) feet in Residential Districts, and shall not exceed four (4) feet in height in the front yard and the waterfront side. Fences in Commercial and Manufacturing Districts shall not exceed eight (8) feet in height, except for security fences, which shall not exceed twelve (12) feet in height including barbed wire toppings.)

Note: A drawing showing a sketch of your property boundaries, existing building(s) and the proposed fence and the distance from the property lines is required.

I agree the statements made above are true, and if found not to be true, any zoning permit that may be issued may be void. Further, 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 Bellaire Zoning Ordinance will be complied with. Further, I hereby certify that the property owner authorizes the proposed work, and that I have been empowered by the owner to make this application as his/her selected agent. Finally, I understand this is a zoning permit application (not a permit) and that a land use permit, if issued, conveys only land use rights, and does not include any representation or conveyance of rights in any other statute, building code, deed restriction or other property rights. I agree to allow a representative of the Village of Bellaire to enter upon said property to inspect the proposed project.

Signed: _____ Date: _____

When completed, return to:
Zoning Administrator
Village of Bellaire
P.O. Box 557
Bellaire, MI 49615