CITY OF ALBION—APPLICATION FOR "BED AND BREAKFAST" LICENSE

City of Albion Planning Department (517) 629-7189
SAFEbuilt (269) 729-9244

Application Instructions: Complete all sections of this form. Type or use black ink. No application will be considered submitted or processed by the Clerk/Treasurer's Department until a complete application and all required documents are received.

[ ] **New facility** **[ ] License renewal**

Required Documents for New facility or if changes have been made:

- Two sets of plans, drawn to scale in black line or blueprint, showing the:
  - Shape and dimensions of the lot to be built upon or to be changed in its use,
  - Exact location, size, and height of all buildings or structures (including fences) on the lot,
  - Location of sidewalks, public streets, and curb cuts,
  - Location and dimensions of improved driveways and parking areas.
  - Size and location of all rooms to be used for bed and breakfast.

Fee: $50

Additional Instructions: The applicant, or a representative with a letter of authority or power of attorney for the applicant, must be present at a meeting of any of the Boards and/or Commission at a public hearing concerning this application if necessary.

FOR OFFICE USE ONLY

Permit #:

20___ - _____

Stamp here for "Date Received"

Received by

Deposit to Account. #101-000-607.00

Stamp here for "Paid"

Amount:

Stamp here for "Approved/Deny"

Date

1. Property Information: Property Zoned:

Street Address: *Use Complete Street Address, e.g. 101 North Main Street*	Parcel Number
Zoning District	Parcel Type: ☐ Residential ☐ Industrial ☐ Commercial ☐ Other (describe)

2. Owner Information:

Name: *Include Contact Person If Applicable*	Phone
Street Address: *Use Complete Street Address, e.g. 101 North Main Street*	City, State Zip Code:

3. Applicant Information:

Name: *Include Contact Person If Applicable*	Phone
Street Address: *Use Complete Street Address, e.g. 101 North Main Street*	City, State Zip Code:

4. SITE PLAN AND FLOOR PLAN REQUIREMENT *(NEW FACILITY OR IF CHANGES HAVE BEEN MADE)*

Applicants shall submit a site and floor plan of the residential dwelling unit illustrating that the proposed operation meets all building code and zoning ordinance requirements.

5. Certification

I hereby certify that I am the owner of record of the named property, or that the bed and breakfast license is requested by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, I agree to allow members of the City of Albion Inspection and Planning Department staff to inspect the site as a part of the consideration of this request. I hereby affirm that if this bed and breakfast license is granted, I will comply with all general and bed and breakfast conditions required by the City of Albion Zoning Ordinance. However, I retain the right to decline the bed and breakfast license if I find those conditions unacceptable. Finally, should a bed and breakfast license be granted, I shall apply for and receive all applicable permits before beginning any construction.

Signature of Applicant:	Phone	Date
Street Address: *Use Complete Street Address, e.g. 101 North Main Street*	City, State, Zip Code	

For Planning & City Clerk/Treasurer Departments Use Only

6. Evaluation and Determination

PLANNING DEPARTMENT APPROVAL/DENY

Signature	*Date*
Notes	*Stamp*

TREASURER/CLERK APPROVAL/DENY

Signature	*Date*
Notes	*Stamp*