



Date Received _____
 Received By _____

CITY OF ALPENA
APPLICATION FOR PARKING LOT

Please provide clear and concise information as requested by typing or printing in ink. If additional space is needed, number and attach additional pages. An application will not be accepted unless it is completed, signed, and accompanied by two (2) sets of site plans showing that the proposed parking lot complies with the provisions of Section 3.30 and other applicable sections of the City of Alpena's Zoning Ordinance. All information provided herein becomes public record upon submittal.

Applicant's Name (Print) _____ Address _____

Telephone Number _____ City _____ State _____ Zip Code _____

Applicant is (check where appropriate): _____ Owner _____ Tenant _____ Contractor
 If applicant is other than owner, attach owner's written authorization.

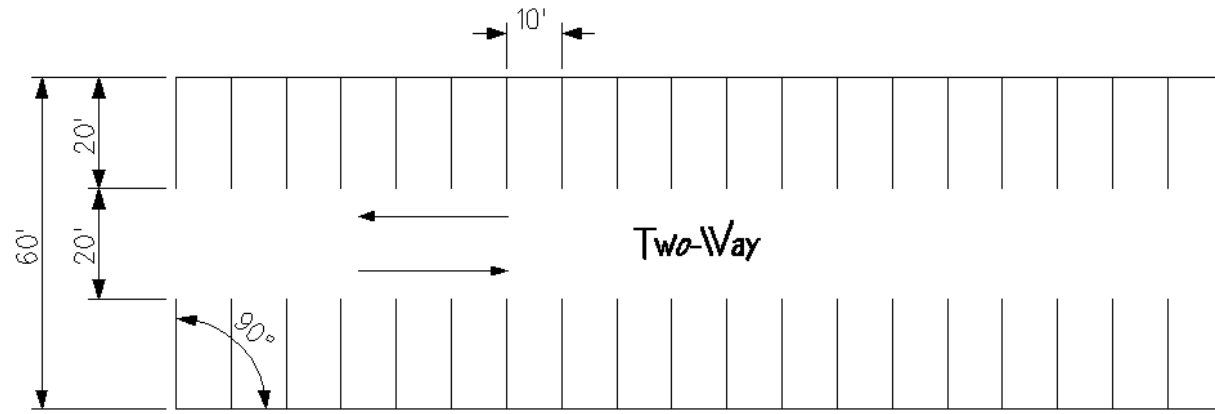
1. Site Information

- A. Site Location (Address): _____
- B. Nature of Business: _____
- C. Legal Description: _____
- D. Present Zoning and Use of Site: _____
- E. Surrounding Zoning and Property Use:
 East _____ North _____
 West _____ South _____
- F. Required Setback (feet): Front _____ Side _____ Rear _____

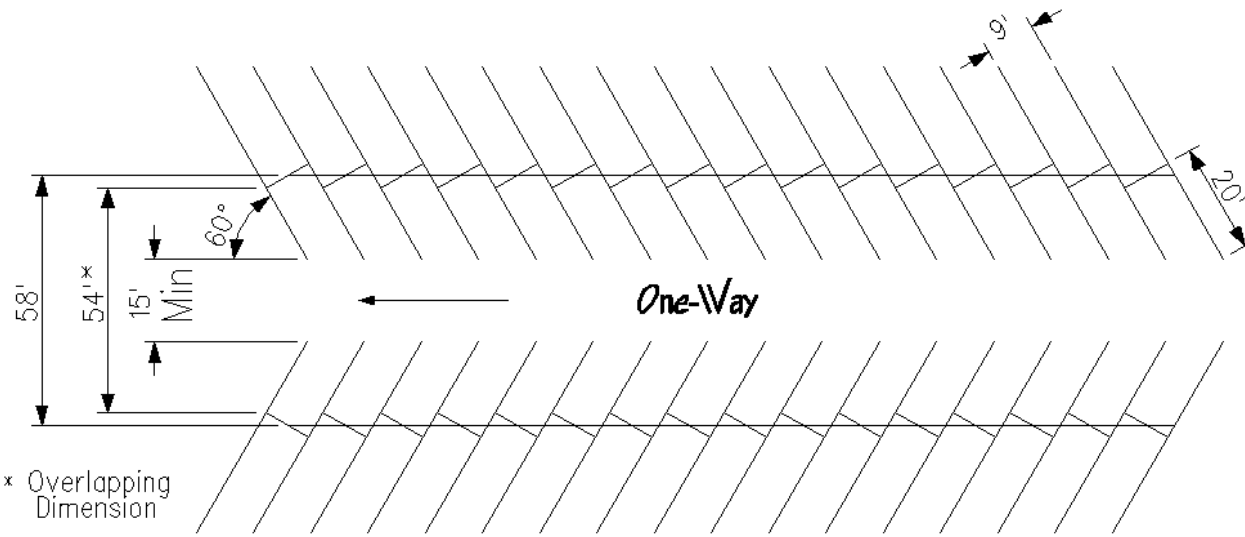
2. Proposed Parking Spaces

- A. Proposed Parking Pattern _____
- B. Parking Space Width (feet) _____
- C. Parking Space Length (feet) _____
- D. Maneuvering Lane Width (feet) _____
- E. Total Parking Spaces Required per Section 3.30 _____
- F. Total Parking Spaces Provided _____
- G. Minimum Number of Barrier-Free Parking Spaces Required per Section 2105.16.f. _____
- H. Number of Barrier-Free Parking Spaces Provided _____
- I. Barrier-Free Parking Space Width (feet) _____

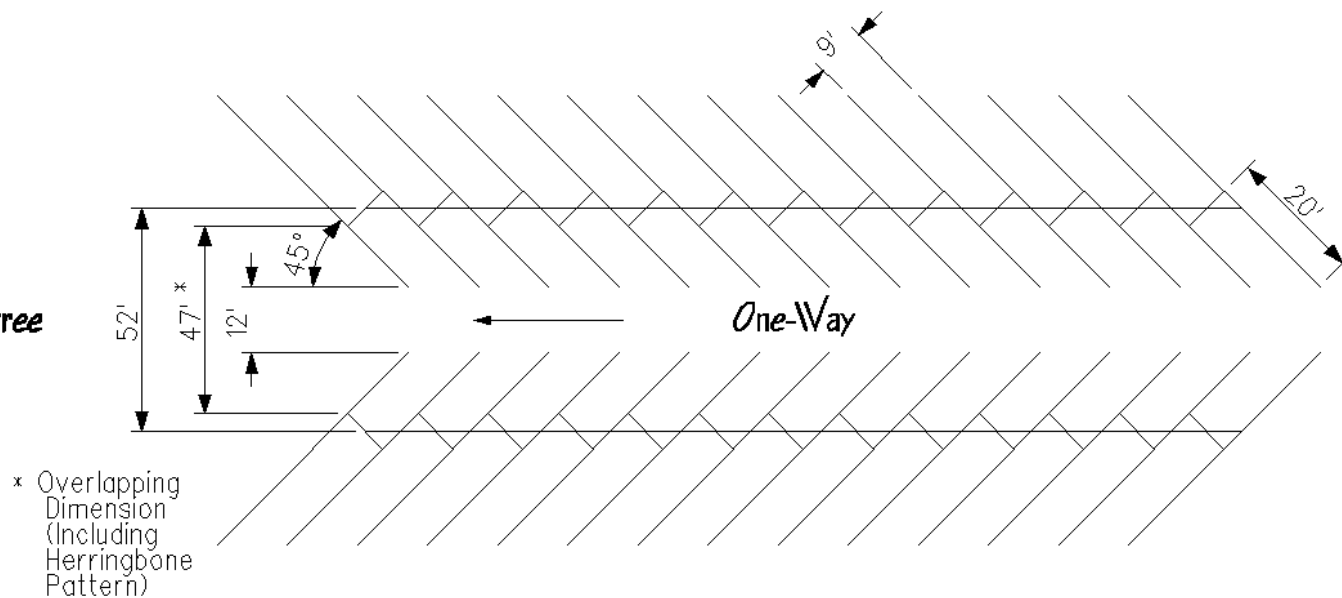
90 degree



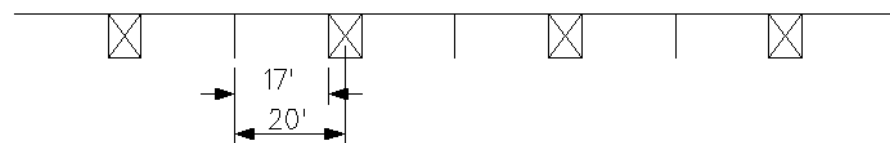
60 degree



45 degree



Parallel



Parking Layout

5/25/2005

Vehicle Access to Proposed Parking Lot

- A. Ingress To Parking Lot Will Be From: _____
- B. Egress To Parking Lot Will Be From: _____
- C. Street Frontage - Name Street(s) and Respective Footage: _____

Note: Michigan Department of Transportation Approval Required if Access is Planned Off a State Highway (Chisholm Street, State Avenue or Washington Avenue).

Off-Street Loading Space

- A. Loading Space Required (square feet) _____
- B. Loading Space Provided (square feet) _____

Other

- A. Describe the dimensions, locations, and building materials for the following proposal improvements:

Wall(s)/Fence(s) _____

Sign(s) _____

Landscaping _____

Exterior Lighting _____

- B. Internal Site Drainage Provided Yes _____ No _____

- C. Asphaltic or Concrete Surfacing Provided Yes _____ No _____

- D. Will more than one (1) acre of earth be disturbed in construction phase? _____
If so, a Soil Erosion and Sedimentation Control Permit is required.

- E. Is earth-change activity within 500 feet of a lake or stream? _____
If so, a Soil Erosion and Sedimentation Control Permit is required.

Signature

The undersigned affirms that they accept the responsibility of this application and pledge to comply with City zoning and building regulations. The undersigned also affirms that information herewith submitted is true and correct to the best of their knowledge.

Witness(es)

Witness(es) Applicant(s) Date

Approved By:	Date	Comments/Conditions
Building _____	_____	_____
Police _____	_____	_____
Fire _____	_____	_____
Engineering _____	_____	_____

Note: Upon final review and approval of the parking lot plan by each City Department listed above, a completed copy of this application will be returned to the applicant and will serve as your approved permit.

Off-street parking facilities shall provide spaces for the handicapped in accordance with the provisions of Act 230 of the Public Acts of the State of Michigan 1972, as amended.

PARKING FOR HANDICAPPED (ALL DISTRICTS)

Total Parking in Lot	Required Number of Accessible Spaces
Up to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6
201 to 300	7
301 to 400	8
401 to 500	9
501 to 1,000	2% of Total
Over 1,000	20 Plus 1 for Each 100 over 1,000