

# **OUTDOOR STORAGE IN “IP-1” DISTRICT PERMIT CHECKLIST**

**NOTE:** All zoning districts other than “IP-1” must contact the Community Development Department at 636-349-8110 to inquire about outdoor storage and/or containers.

If screened fencing is required, this application will serve as approval for the fencing with no separate “Fence Permit” required.

## **Complete These Forms**

- CITY OF FENTON APPROVAL FOR OUDOOR STORAGE OF EQUIPMENT, MATERIALS AND/OR CONTAINERS IN THE “IP-1” DISTRICT

## **Present These Documents**

- Four (4) copies of site plan that:
  - Is drawn to Scale (example: 1”=30’-0”) and the scale indicated on site plan
  - Shows a north arrow
  - Shows the shape of the parcel and the parcel dimensions
  - Shows the street names abutting the parcel
  - Shows the shape of the main building and the building dimensions
  - Shows the dimensioned location of the main building on the parcel
  - Shows the parking spaces and indicates the handicapped parking spaces
  - If a multi-tenant building, indicates your tenant space and dimensions
  - If a multi-tenant building, indicates how many square feet you occupy
  - Shows where on the property the outdoor storage of equipment, materials and/or containers will be placed
  - Shows the location of fencing (if applicable), indicating the height, and fencing material
  - Document how the fence will be secured to the ground
- Landscape plan when landscaping is required.
- Written approval from the property owner

## **Pay These Fees** (due prior to processing)

- Permit Fee \$200.00 + Processing Fee \$15.00 = \$215.00

**CITY OF FENTON APPROVAL FOR OUTDOOR  
STORAGE OF EQUIPMENT, MATERIALS AND/OR  
CONTAINERS IN THE "IP-1" DISTRICT**

Permit No.:	_____
Fee:	\$215.00 _____
Payment:	_____
Date:	_____

Date \_\_\_\_\_

**PLEASE PRINT**

**PROJECT INFORMATION:**

Project Address: \_\_\_\_\_  
 Tenant Name: \_\_\_\_\_

Type of Equipment/ \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
 Materials Stored: \_\_\_\_\_  
 \_\_\_\_\_

Property Owner Name & \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Property Owner Phone No.: \_\_\_\_\_

Applicant Name & Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant Phone No.: \_\_\_\_\_

Applicant Fax No.: \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name

Value of Construction: \$ _____
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Zoning Classification: IP-1	Approved:	Not approved:
Comments:		
Zoning Signature:		Date:
<i>Community Development Director</i>		