



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.

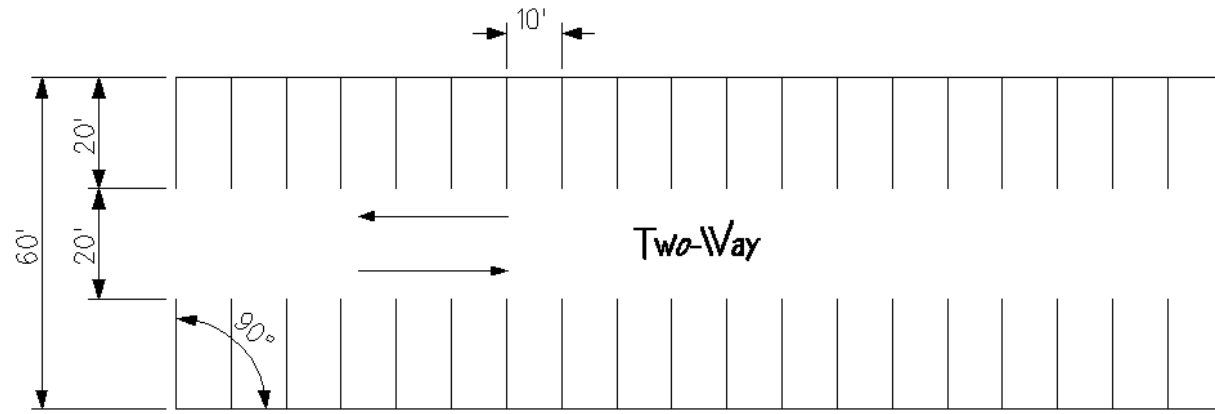
1. Site Information

- 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 _____

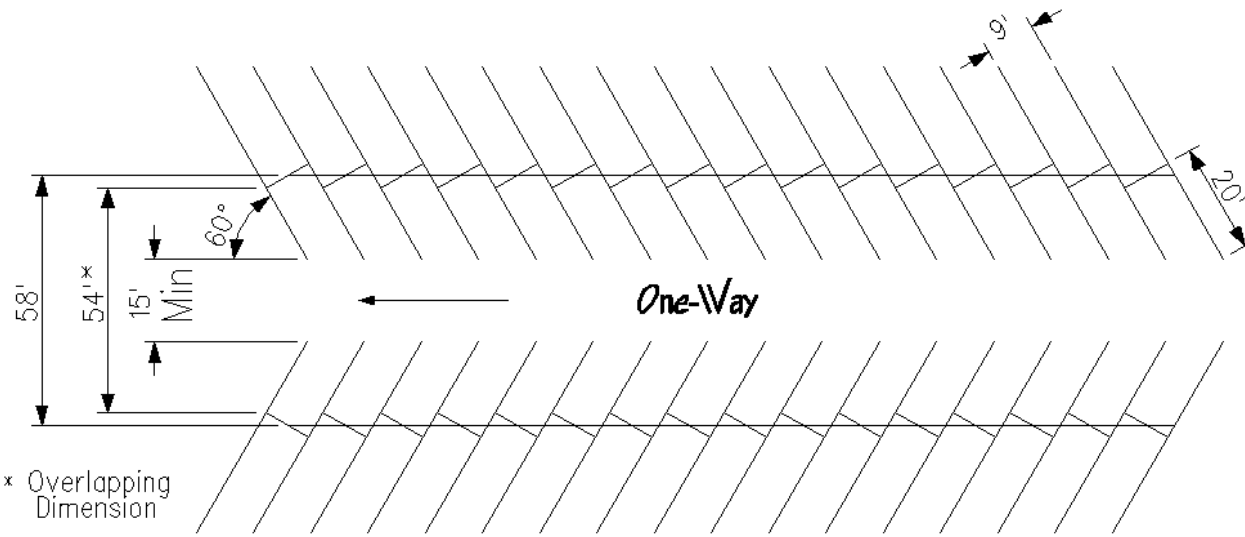
2. Proposed Parking Spaces

- 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) _____

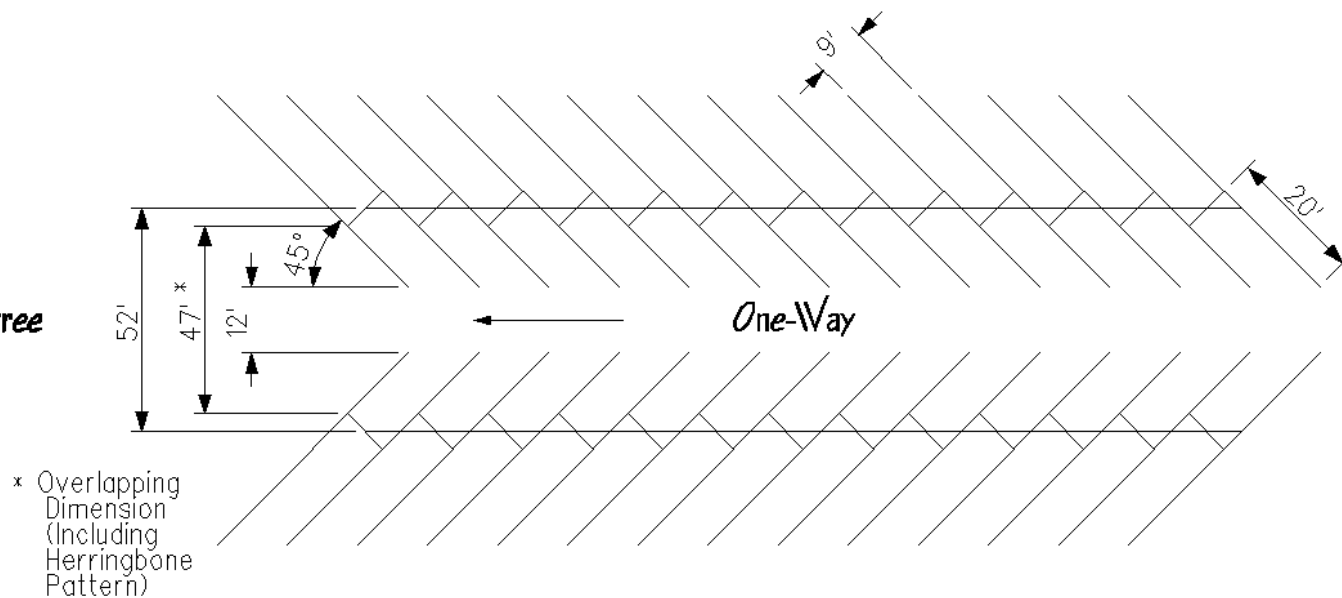
90 degree



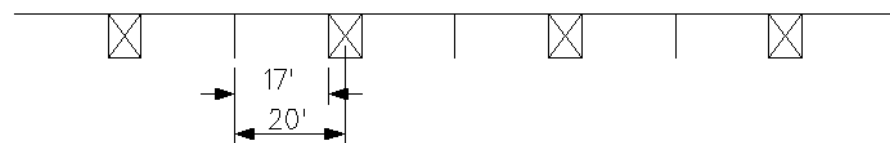
60 degree



45 degree



Parallel



Parking Layout

5/25/2005

