

PLEASE ALLOW 5 BUSINESS DAYS FOR PERMIT TO BE APPROVED

Permit No. _____

Date _____

Fee \$15.00 _____

APPLICATION FOR ZONING CERTIFICATE

Name of Owner _____

Address _____

Phone # _____

Name of Contractor _____

Street Address of Property _____

Type of work to be done: Erect _____ Alter _____ Repair _____ Other _____

Type of material _____

Height of fence _____

Setback _____

Number of Gates _____ Width of Gates _____

(Owner or contractor signature)

Zoning Certificate issued _____ by _____

Zoning Certificate denied _____ by _____

Reason for Denial _____

Please include a drawing of where the fence will be located on the property