

Date: \_\_\_/\_\_\_/\_\_\_

# CITY OF PARCHMENT

## APPLICATION TO INSTALL, ERECT, REPLACE OR REPAIR FENCE

Job address: \_\_\_\_\_ Property Tax ID: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fence Type: \_\_\_\_\_ Address: \_\_\_\_\_

Height: \_\_\_\_\_ Length: \_\_\_\_\_ Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

COST OF PERMIT \$ 65.00 Building Department

By: \_\_\_\_\_

PLEASE FILL IN OR CHECK THE APPROPRIATE SPACES BELOW:

Residential \_\_\_\_\_

Commercial/Industrial \_\_\_\_\_

Installation Type: New Fence \_\_\_\_\_ Replacement \_\_\_\_\_ Repair \_\_\_\_\_

Description of work: \_\_\_\_\_

Description of materials: \_\_\_\_\_

LOT DIAGRAM (provide on back or separate sheet of paper):

- 1) Draw lot lines (show dimensions in feet)
- 2) Label Street
- 3) Draw existing structures
- 4) Show distance from all sides of buildings to property lines in feet
- 5) Draw proposed fence location

FENCES TO BE LOCATED **ON** THE PROPERTY LINE REQUIRE THE CONSENT OF ADJOINING PROPERTY OWNERS. BY SIGNING BELOW, ADJOINING PROPERTY OWNERS ACKNOWLEDGE THAT THEY HAVE REVIEWED THIS APPLICATION AND GIVE CONSENT FOR LOCATION ON THE COMMON PROPERTY LINE.

Signed: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Signed: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Signed: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### OWNER'S AFFIDAVIT AND SIGNATURE

I hereby certify that the work described above shall be installed in accordance with the City of Parchment Zoning Ordinance. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

### AGENT'S AFFIDAVIT AND SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized to make application as his/her authorized agent. The work described above shall be installed in accordance with the City of Parchment Zoning Ordinance. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone # \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Parchment City Manager