

## Fencing Permit Application

Applicant:				
Name:	Phone Number:			
Address:				
Contractor:				
Company Name:		Phone Numbe	er:	
Company Address:_				
Fence Material Type  Wood	e:  Chain Link	☐ Composite Plastic	Other	
Post Material Type:				
☐ Wood	☐ Steel	☐ Composite Plastic	☐ Other	
Type of Fence:				
■ Boundary	☐ Ornamental	☐ Containment	Other	
Height of Fence	ft (Maxi	mum height is 6ft in the i	rear and sides, 3ft in the front)	
Approx. Total Proj	ject Cost: \$			
<b>Project Completio</b>	n Date: <u>/</u> /			
Signature of Applicant			Date	
Signature of Adjacent Property Owner (If applicable)			Date	
Signature of Adjacent Property Owner (If applicable)			Date	
Approved by Director	of Public Works			
Signature			Date	

Permit expires 6 months from issuance. Please attach a layout of the fence to this application.

The issuance of this permit by the Director of Public Works does not in any way indicate that any requirements imposed by the State of Wisconsin, or any other governmental agency, have been complied with by the above applicant. The sole purpose of this permit is to assure compliance with the City of Greenwood Building and Zoning regulations. The City will not be responsible to ensure compliance with any other governmental rule or regulation regarding the proposed activity of the applicant regarding the said property. The applicant is hereby notified that the proposed activity may require other permits and inspections not covered by this permit.

The application fee is \$25 please make checks payable to <u>City of Greenwood</u>.

Thank you!