

TOWN OF JEFFERSON FENCE PERMIT APPLICATION

Property Owner

Name: _____ Telephone: _____
 Address: _____ Email: _____
 City, State: _____ Zip Code: _____

Applicant's name (if different)

Name: _____ Telephone: _____
 Address: _____ Email: _____
 City, State: _____ Zip Code: _____

Parcel Information Number: _____

The fence materials and height specifications shall apply as defined in the Town of Jefferson Ordinance 10-18 Regulating Fences. A sketch of proposed fence as per the property (label length, etc.) map, must accompany this application.

The fee(s) as stated in the Town's current fee schedule is required to be submitted with this application. Seventy-five percent of the fee will be refunded if the fence is denied.

Signatures:

Property owner _____ Date _____

Applicant (if different) _____ Date _____

To be completed by Town Personnel

Date application received _____ Clerk's Signature _____
 Amount of fees paid \$ _____ Clerk's receipt number _____
 Date Plan Commission Member contacted to set up initial site visit. _____
 Copies submitted to Plan Commission Members for review on _____