

RESIDENTIAL FENCE PERMIT

COST \$5.00

Date: _____

Name: _____

Address: _____

Phone: _____

Type of Fence: _____

Locations & Heights:

Rear – Height _____
(Rear Fence - *6 feet maximum*)*

Sides – Heights _____
(From rear property line to front of dwelling – *6 feet maximum*)*

Front – Height _____
(Front Fence - *3 feet maximum*)*

(From the front of dwelling to the front property line – *3 feet maximum*)*

**See Fence Ordinance for further detailed information*

Signature: _____

Receipt# _____ Check _____ Cash _____