

APPLICATION FOR FENCE PERMIT

NEW REPLACEMENT

REAL ESTATE TAX I.D. #: _ _ - _ _ - _ _ _ _ - _ _ _ _



7607 W College Drive
Ph: (708) 361-1804 Fax: (708) 923-7112
building@palosheights.org

APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORT DOCUMENTATIONS			
LOCATION OF IMPROVEMENT		ADDRESS _____	
		SUBDIVISON _____	LOT _____
OWNER	NAME _____		PHONE
	ADDRESS _____		Home: _____
	EMAIL _____		Business: _____
			Cell: _____
CONTRACTOR	NAME _____		Business: _____
	ADDRESS _____		
	CONTACT _____		Cell: _____
TYPE OF FENCE _____			TOTAL COST OF IMPROVEMENT \$ _____ CORNER LOT YES NO
MATERIAL _____			
HEIGHT _____			
Submit a copy of plat of survey showing proposed location of the fence. Fences must be located on lot line and may only be erected in the side & rear yard.			
Fences can be 6' maximum height above grade. Pools must have a 6' barrier.			
All post holes must be no less than 42" below grade. Fence must not impede drainage. Finished side of fence must face out. Back to back fences are prohibited.			
Post holes and final inspections are required.			
Call Building Department for Inspections. 24 Hour Notice Required.			
BUILDING DEPARTMENT USE ONLY		I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit, to perform only such work as described herein. I further declare that I am the owner, his contractor or authorized agent and have permission from the owner to apply for this permit. I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION. _____ Print Name _____ Signature of Applicant Date	
BUILDING PERMIT NO. _____			
BUILDING PERMIT FEE _____			

APPROVED BY			