

FENCE PERMIT



APPLICATION MUST INCLUDE PLOT PLAN SHOWING PLACEMENT OF PROPOSED FENCE IN RELATIONSHIP TO PROPERTY LINE(S) AND BUILDING(S).

PLANNING DEPARTMENT
 100 S Market St. Troy, OH 45373
 Phone (937)339-9481, Fax (937)339-9341
 www.troyohio.gov

1 LOCATION OF PROJECT	Address of Project		Date Received					
	Material of Fence							
2 REQD INFO	Names (Please Print)		Mailing Addresses – Street, City, Zip Code		Phone (Day time)			
	APPLICANT							
	CONTRACTOR							
	PROPERTY OWNER							
3	Is fence to be built on: -Corner lot -Alley to the rear -Through lot -Limited access		4	Will this fence add to or connect to an existing fence? YES / NO		5	If applicable, what are the materials of the existing fence?	
6	Height of fence in rear yard		7	Height of fence in side yard		8	Height of fence in front yard	
9	Approximate cost of project		10	Do the adjoining neighboring properties currently have an existing fence? YES / NO				

11 SIGN YOUR FULL NAME			
I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO ACKNOWLEDGE THAT PROVIDING INNACURATE INFORMATION ON THIS APPLICATION OR ATTACHMENTS MAY INVALIDATE THE APPLICATION OR SUBSEQUENTLY APPROVED PERMIT. SIGNING THIS APPLICATION ALLOWS A REPRESENTATIVE OF THE CITY OF TROY TO ENTER THE PROPERTY FOR INSPECTION PURPOSES. Signature of applicant _____ Date: _____ Fax No. _____	FEES TOTAL AMOUNT DUE \$10.00	TOTALS TOTAL AMOUNT PAID DATE PAID RECEIPT NUMBER	
	OFFICE USE ONLY		
	ZONING DISTRICT	HISTORIC DISTRICT Yes No	FLOOD ZONING A AE X
	REQUIRED SETBACK: FRONT: _____ BACK: _____		

APPROVAL CONTINGENT UPON THE FOLLOWING:

PERMIT ISSUED BY:

• REFER TO PERMIT NO: _____ • DATE: _____