

APPLICATION DATE \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

PERMIT FEE \$10.00

ISSUANCE FEE \$10.00

~ CITY of WILLARD ~  
FENCE AND WALL PERMIT

PROPERTY INFORMATION

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_ ZONING: \_\_\_\_\_

IF PROPERTY IS NOT LOCATED IN A SUBDIVISION, THE LEGAL DESCRIPTION & PARCEL NUMBER MUST BE ATTACHED

APPLICANT AND CONTRACTOR INFORMATION

• OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS (CITY, STATE, ZIP): \_\_\_\_\_

• CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS (CITY, STATE, ZIP): \_\_\_\_\_

OFFICE USE ONLY: SETBACKS: FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____
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**Type of Improvement**

Chain Link (not permissible in front yard)    Wrought Iron    Wood    Brick    Electric

Repair/Replacement    Other \_\_\_\_\_ Height \_\_\_\_\_

Is fence located in 100 year floodplain?    Yes    No

**Required Documentation and Licensing**

**Sketch Plan, to-scale, showing property lines, existing buildings and fences, and location of proposed fence or wall with dimensions.**

**Business License for Contractor, if applicable.**

**TOTAL COST OF PERMIT..... \$ \_\_\_\_\_**

**PROPERTY PINS MUST BE VISIBLE AT TIME OF PRESITE INSPECTION.**

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT; THAT I HAVE READ AND UNDERSTAND THE PROCEDURES, ORDINANCES, AND REQUIREMENTS ASSOCIATED WITH THE APPLICATION AND REVIEW PROCESS. I ALSO UNDERSTAND THAT THIS APPLICATION WILL EXPIRE WITHIN 180 DAYS OF THE DATE OF MY SIGNING, UNLESS EXTENDED BY THE BUILDING INSPECTOR PURSUANT TO A WRITTEN REQUEST FOR EXTENSION RECEIVED PRIOR TO THE EXPIRATION DATE. FURTHERMORE, I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR ANY AND ALL COSTS INCURRED BY PLAN REVIEWS PERFORMED BY CONSULTANTS OF THE CITY, CERTIFIED MAILING OR PUBLICATION COSTS FOR REQUIRED LEGAL NOTICE, AND RECORDING FEES. THESE COSTS MAY BE PAID BY THE CITY AND REIMBURSED BY THE APPLICANT UPON INVOICING.

OWNER/CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_