



FENCE PERMIT APPLICATION

Date Received: _____

Applicant(s)			Phone Number
<i>Check One</i>	<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____		
Email Address <i>Required</i>			
Address			
	Grand Ledge, MI 48837		
Installer(s)			Phone Number
Address			
			Zoning District
Project Address			

Estimated Date of Installation			
Existing Fences (<i>if applicable</i>)	Fence One	Type: _____	Location: _____
	Fence Two	Type: _____	Location: _____
	Fence Three	Type: _____	Location: _____
Application must include a site plan as follows:	<input type="checkbox"/> Drawn to scale of 1" = 25' <input type="checkbox"/> Location <input type="checkbox"/> Materials & Finished Height <input type="checkbox"/> Stabilization method for corners, ends, gate posts, etc. <input type="checkbox"/> Existing Structures/Fences <input type="checkbox"/> All roads, easements, access points		

I stipulate and understand the fence permit, if approved by the City of Grand Ledge does not guarantee I may proceed with installation of the fence. I understand there may be additional permits required to meet trades codes and I understand the City of Grand Ledge does not have any power or authority over these additional permits. I certify the statements made and the information provided in this fence permit application are true, accurate and complete.

Applicant Signature: _____ Date: _____

Adjoining property owner signatures (*required if proposed fence location is on lot line*):

Address: _____ Signature: _____ Date: _____

Address: _____ Signature: _____ Date: _____

Address: _____ Signature: _____ Date: _____

For Office Use Only -----	Required Reviews	Approve / Deny	Initials
Fee Paid: _____	<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/> <input type="checkbox"/>	_____