

FENCE PERMIT



DEVELOPMENT
DEPARTMENT

Address of Project: _____

Date Received: _____

Material of Fence: _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____

Contractor Name: _____

Mailing Address: _____

Daytime Phone: _____

Property Owner Name: _____

Mailing Address: _____

Daytime Phone: _____

**Please fill out blanks and circle choices below*

Is the fence to be build on: Corner Lot Through Lot Alley to the rear Limited Access

Will this fence add to or connect to an existing fence? Yes No

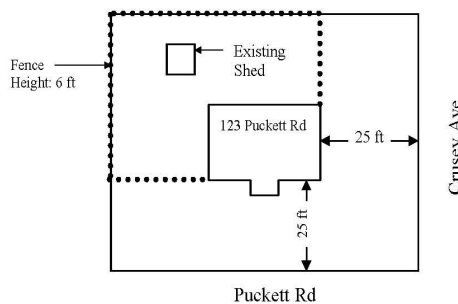
(If yes, what are the materials of the existing fence: _____)

Do the adjoining neighborhood properties currently have an existing fence? Yes No

Height of fence in rear yard: _____ side yard: _____ front yard: _____

***Processing time: 7-10
business days**

SAMPLE FENCE SITE PLAN



Application must include plot plan showing placement of proposed fence in relationship to property line(s) and building(s). (See example)

Sign Full Name

I hereby certify that the above information and attachments are accurate to the best of my knowledge. I also acknowledge that providing inaccurate 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: _____

Date: _____

Email: _____

Development Department
102 S. Market St.
Troy, OH 45373
Phone: (937) 339-9481
Fax: (937) 339-9341
www.troyohio.gov

Office Use Only

Zoning District: _____

Permit Issued By: _____

Historic District

Date: _____

Yes

No

Refer to Permit No: _____

Flood Zone

Yes

No

Approval Contingent Upon the following:

Fees: \$10.00

Date Paid: _____

Receipt No: _____

Check List

- Site Plan w/ setbacks
- Signed Application
- Payment of Fees