



FENCE PERMIT APPLICATION

City of Findlay, Zoning Office, 304 Municipal Building
318 Dorney Plaza, Findlay, Ohio 45840
(419) 424-7108; Fax (419) 424-7120

THIS APPLICATION MUST BE COMPLETED! LACK OF INFORMATION OR DETAILS ON PLANS WILL RESULT IN THE APPLICATION NOT BEING PROCESSED.

Submit two (2) site plans drawn to scale showing actual size, dimensions, and shape of: the lot, with corner pins shown, existing and proposed buildings or structures, their distance to lot lines, and other information that is essential to the permit and property. Any fence placed in a recorded or dedicated easement is done so at owner's risk.

Please Print

Address of property: _____

Lot Number & Subdivision Name: _____

Owner Name: _____ Address: _____

City, State, Zip: _____ Day Phone: _____

Applicant if not Owner Name: _____ Address: _____

City, State, Zip: _____ Day Phone: _____

Contractor: _____ Address: _____

City, State, Zip: _____ Day Phone: _____

Height of fence: _____ Value of construction: _____

Proposed Location: _____ Type of fence: _____

Corner Lot? Yes / No _____ If yes, give side street: _____

*All fences erected in a front yard must be 50% open and not exceed 4' in height.

**The non-structural fence MUST be outward.

As specified in Section 165.08 and 1199.09 (Falsification) I, the undersigned, do hereby certify that all of the above statements are true to the best of my knowledge, and understand that any deviation, change or alteration not included or shown on these plans will nullify the approval. I further understand that the permit, when issued, is valid for one year from date of issue.

Signature: _____ Date: _____
2/25/2016

Date Received: _____

For office use only!

Lot width _____ X length _____ = area _____

Corner Lot? Yes / No Zoning District _____ Flood Way _____

Nonstructural Face Outward: Yes _____ No _____

Is Fence 50% open in the required front yard? Yes _____ No _____

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Notes of Review:

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Granted Denied by: _____ Date _____

Conditions and/or comments:

Fee \$ _____

Application #: _____