

JACKSON TOWNSHIP FENCE PERMIT APPLICATION

Zoning Ordinance – Part 10

1. Applicant Name: _____ Phone: _____ Email: _____
Mailing Address: _____

2. Physical Address: same as mailing address

3. Property Owner: same as applicant

_____ Phone: _____ Email: _____
Mailing Address: _____

Signature of Owner: _____

By signing this application, the owner gives consent for the fence installation on the property.

4. Type of fence is: Split Rail
(check all that apply) Chain Link
 Agricultural
 Privacy
 Metal
 Wood
 Vinyl or Plastic
 Other _____

5. Height of fence is: Four feet
 Five feet
 Six feet
 Other _____

6. **Plot Plan showing fence location:** include distance from property lines (minimum two feet).
(Fences shall not inhibit sight distance at intersections and driveways)

I hereby apply for a fence permit pursuant to the requirements of the Jackson Township Zoning Ordinance, as amended.

Applicant Signature

Date