

FENCE PERMIT APPLICATION

Jackson Township Monroe County, Pennsylvania

Zoning Ordinance – Part 10

Applicant Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Physical Address: same as mailing address

Property Owner: same as applicant

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Signature of Owner: _____ Date: _____

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

Type of fence is:

- Split Rail
- Chain Link
- Agricultural
- Privacy
- Metal
- Wood
- Vinyl or Plastic
- Other _____

Height of fence is:

- Four feet
- Five feet
- Six feet
- Other: _____

Plot Plan showing fence location: include distance from property lines (**minimum two feet**).
(Fence 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

2162 Route 715 P.O. Box 213 Reeders, PA 18352 ♦ Office: 570-629-0153 ♦ Fax: 570-629-1016
Email: zoning@jacksontwp-pa.gov ♦ www.jacksontwp-pa.gov