

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: **(check all that apply)**
- Split Rail
 - 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 length of fence & 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