## CITY OF OCONTO FALLS

500 N. CHESTNUT \* P.O. BOX 70 OCONTO FALLS, WI 54154-0070

PHONE: 920-846-4505 \* FAX: 920-846-4516

www.cityofocontofalls.com

Permit No. —————
Check No.
Permit Fee:
DATE:

## **Fence Permit Application**

Project Address	Zoning:		
Applicant	□ Owner □ Contractor □ Tenant □	Other (describe)	
Owner/	Name	Phone	
Tenant	Address	Email	
Contractor	Company Name Phone		
	ContactEmail		
	Address		
	State Cradential #2s	Dwelling Contractor # Building Contractor Registration #	
Permit Type	☐ Residential ☐ Commercial	- A sublima mark have a	
Location	☐ Front Yard Front Yard Setback:	ft.	
Project	Fence Height: Maximum 6 ft.	Fence Material:	
Information	□ 4 ft. □ 6 ft. □ Other	□ Wood □ Vinyl □ Chain Link □ Other	
Value of Job	s		

- o All fences shall be maintained and kept safe and in a state of good repair.
- o The owner of the fence is responsible for maintaining both sides of the fence.
- o The finished or decorative side of a fence shall face adjoining property.
- o You are responsible for locating property lines.
- O You must submit a site plan along with this permit.

I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.				
Name:	(please print)	Date:		
Signature:	Approved by:			

APPLICANT SHALL CALL THE INSPECTION DIVISION FOR REQUIRED INSPECTIONS: 920-846-4505