

FENCE PERMIT APPLICATION

**UPPER GWYNEDD TOWNSHIP
P.O. BOX 1, PARKSIDE PLACE
WEST POINT, PA 19486
(215) 699-7777**

APPLICANT: _____ DATE: _____

ADDRESS: _____ HOME PHONE: _____

_____ DAY PHONE: _____

LOCATION OF PROPOSED FENCING: _____

TAX BLOCK NUMBER: _____ UNIT NUMBER: _____ ZONING DISTRICT: _____

TYPE OF FENCING: _____ FENCING HEIGHT: _____

REMARKS: _____

CONTRACTOR: _____

ADDRESS: _____

CONTRACTOR PHONE: _____

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

Application requires a sketch plan/plot plan of property showing footprint of proposed fencing location by owner/contractor.

NO PERMIT FEE REQUIRED FOR THIS APPLICATION

PERMIT APPROVAL BY: _____

CODE ENFORCEMENT OFFICER