LYNDHURST BUILDING DEPARTMENT

5301 MAYFIELD ROAD LYNDHURST, OHIO 44124 440-473-5108/FAX: 440-442-7189

APPLICATION FOR FENCE PERMIT

| ADDRESS | | | |
|---|--------------------------------------|--------------------------------|------|
| OWNER | PHONE # | | |
| IS THIS A CORNER LOT? IF YES SEE BUILDING INSPECTOR FOR RULES & | REGULATIONS. | YES NO | |
| PERSON OR COMPANY INSTALLING FENCE. | | | |
| ADDRESS | | | |
| CITY, STATE, ZIP | | | |
| HEIGHT OF FENCE(S): TYPE OF FENCE | | Board on Board, Picket etc. | |
| THE MAXIMUM HEIGHT OF A FENCE SHALL NO EXCEPT THAT CHAIN LINK FENCING SHALL NO GRADE. (FENCES MADE OF WIRE COMMONLY FOR THE PERMITTED). | T EXCEED FOUR (4) FEET IN | NHEIGHT ABOVE THE NATURAL | |
| THE BUILDING DEPARTMENT IS NOT REQUIRED RESPONSIBLE FOR LOCATING YOUR OWN BOULLINE WITH THE FENCE. | | | RTY |
| SITE PLAN DRAWN TO SCALE SHOWING TYPE, I A PERMIT MAY BE ISSUED. | HEIGHT, LOCATION AND LE | ENGTH OF FENCE IS REQUIRED BEF | ORE |
| FENCES LOCATED IN THE REQUIRED SIDE YAR PROPERTIES MUST BE 50% UNIFORMLY OPEN S FENCES SHALL BE CONSIDERED FIFTY (50) PER | O AS TO PERMIT THE PASSA | AGE OF LIGHT AND AIR. SHADOW E | вох |
| POST HOLES MUST BE 36 INCH MINIMUM DEPT | Н. | | |
| *POSTHOLE INSPECTIO | FEE: \$20.00 ON AND FINAL INSPECT | | |
| By signing as the applicant I am acknowledgin above. (Homeowner affidavit must be signed/work listed above. Affidavit must be attached | witnessed at the Building D | | ted |
| Signature of Applicant | Address of Ap | oplicant D | Date |
| Printed Name of Applicant | Phone Numb | oer | |