



FENCE APPLICATION FOR PERMIT

Residential Fee \$85

BUILDING DEPARTMENT 301 W MAIN ST. OWOSSO, MI 48867
(989)-725-0535 building@ci.owosso.mi.us

PERMIT APPLICATION ADDRESS:				
Fence work:	<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Gate	
Fence style:	<input type="checkbox"/> Chain link	<input type="checkbox"/> Picket (wood or vinyl)	<input type="checkbox"/> Board-on-Board (wood or vinyl)	<input type="checkbox"/> Semi-Private (vinyl) 6" board 7/8" gap or 3" board 1/2" or 3/4" gap
Fence material:	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Metal	
Fence length:		Fence height:		
Is there an existing fence at the proposed location? YES NO				

PROPERTY OWNER INFORMATION/AFFIDAVIT:

I do hereby certify that I am the owner of the property herein described and that I have given the Contractor herein named permission to perform the work described in this application and accompanying documentation, which are a part of this application. I further give permission to the City of Owosso to access my property for purposes of a site inspection of the fence.

Name: _____

Address: _____

Phone Number: _____

Cell: _____

E-mail: _____

Signature of Property Owner: _____

CONTRACTOR INFORMATION (IF APPLICABLE):

Name: _____

Company Name: _____

Address: _____

Phone Number: _____

Cell: _____

E-mail: _____

Signature of Contractor: _____

Office use only

Approved

Denied

Comments: _____

Date: _____

Signature of Plan Reviewer: _____

