



FENCE PERMIT APPLICATION

1069 MUNICIPAL ROAD, WALNUTPORT, PA 18088
PHONE (610) 767-6771 FAX (610) 767-1452

APPLICATION DATE: _____

TAX MAP NO. _____

PROPERTY OWNER: _____ PHONE: _____
OWNER ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, and any and all applicable ordinances of Lehigh Township.

APPLICANT PRINTED NAME AND SIGNATURE: _____

CONTRACTOR NAME: _____ PHONE: _____
BUSINESS ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

- Residential Use
- Commercial Use

APPLICATION FOR:	SETBACK INFO:	NOTE
Corner Lot: Y or N Type of Fence: Length of Fence: Height of Fence:	Front Yard Setback: Rear Yard Setback: Side Yard Setback: (facing the house) Left: Right:	A SITE PLAN MUST BE PROVIDED WITH THE APPLICATION (PLEASE SEE SITE GUIDELINES PAGE FOR REQUIREMENTS). THE PROPOSED LOCATION OF THE FENCE SHALL BE PROVIDED ALONG WITH THE SETBACKS FROM THE PROPERTY LINE.

COST OF PROPOSED WORK: \$ _____

FOR OFFICE USE ONLY:

APPROVALS:	APPROVAL DATE	DENIAL DATE
	DATE	DATE
ZONING	<input type="checkbox"/>	<input type="checkbox"/>

- ZONING DISTRICT:**
- Agriculture/Rural Res.
 - Blue Mountain Conserv.
 - General Commercial
 - Industrial
 - Neighborhood Comm.
 - Office/Business
 - Resort Commercial
 - Village Residential

FEES: Township Fee \$ _____
 3rd Party Fee \$ _____
(Less Any Deposits)
 Township Deposit (-) _____
 3rd Party Deposit (-) _____
BALANCE DUE:
 Township _____
 Inspection Co _____ 3rd Party _____
 CHECK # _____ CASH _____

PERMIT NUMBER: _____

***A \$25.00 non-refundable deposit, to Lehigh Township, is required with the submission of this application. Permit fees are non-refundable after the permit is issued by the Township.