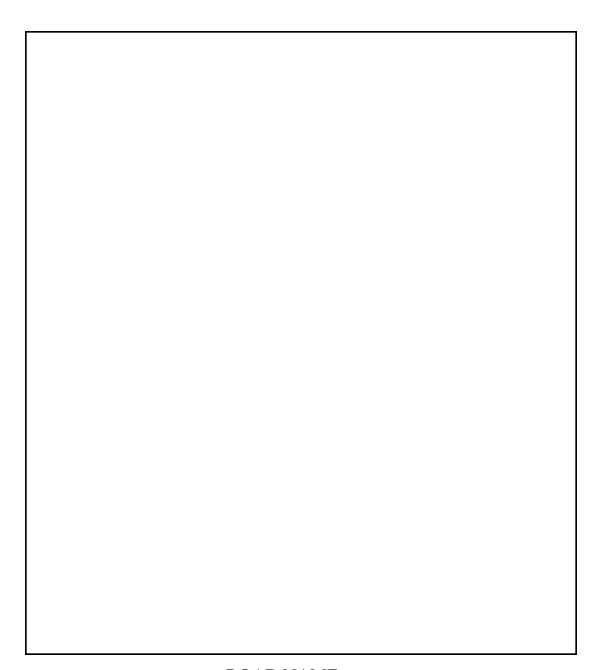
FENCE PERMIT APPLICATION

Napoleon Township 6755 Brooklyn Rd P.O. Box 385 Napoleon, MI 49261 Phone (517) 536-8694 Fax (517) 536-0112

Applicant (check one) _____Homeowner/occupant _____Licensed Contractor

Property Address of Fence	Current Zoning
Owner(s) of Property:	Phone #
Property Owner Address:	
Tenant/Occupant:	
Fence Company:	Contact:
Address:	Phone #Fax
State Contractors License #:	
Type of Work (X)New FenceRelo	cationRenovationReplacementTemporary
Type of Fence (X)Chain LinkStockad	leLatticePrivacyBarbed WireRazor WireElectri
Zoning Type (X)AgriculturalRe	sidentialMult-FamilyCommercialIndustrial
	FrontRearSideSideOtherYesNo If Yes: List all names belowSide(s)
	Attachments:
property (<u>Site Plan page on reverse side</u>)	roperty lines, current fence(s) and location of new fence on V of way confirmation from Jackson County Dept of Transportation)
Declaration of Applicant/Agent	
adopted by Napoleon Township. I hereby ack is correct and agree not to start this project ur the United States, State of Michigan and the C	d to a permit for, nor approval, any violation of any ordinance nowledge that I have read this application and state that the above atil this application is approved and shall comply with the laws of county of Jackson and its agencies and fence regulations, zoning poleon Township. Any Violation of the above noted terms will
	Zoning Fee \$20.00
Applicant Signature	Date Paid Date
Zoning Approval	/Cash/Check #



ROAD NAME

List property measurements, roads and curb lines and draw all building (s), existing fences & heights, location of new fence & height and/or pool, and setbacks.