

## VII. ADJACENT PROPERTY INFORMATION

How many properties are adjacent to the proposed fence?

One  Two  Three  \_\_\_\_ (use copy of this form for additional signatures)

Adjacent Property Address:	
I hereby certify that I am the owner of the property herein described and that I agree to the location and style of the proposed fence for which this application has been submitted.	
NAME	
TELEPHONE NO.	E-MAIL ADDRESS
<b>SIGNATURE OF PROPERTY OWNER</b>	

Adjacent Property Address:	
I hereby certify that I am the owner of the property herein described and that I agree to the location and style of the proposed fence for which this application has been submitted.	
NAME	
TELEPHONE NO.	E-MAIL ADDRESS
<b>SIGNATURE OF PROPERTY OWNER</b>	

Adjacent Property Address:	
I hereby certify that I am the owner of the property herein described and that I agree to the location and style of the proposed fence for which this application has been submitted.	
NAME	
TELEPHONE NO.	E-MAIL ADDRESS
<b>SIGNATURE OF PROPERTY OWNER</b>	

## VIII. APPLICANT INFORMATION/AFFIDAVIT

Application is hereby made for a fence permit, as described in this application and the accompanying documentation, which are a part of this application. I affirm that the information provided in this application is accurate. The acceptance of the permit shall constitute an agreement to abide by all codes and ordinances enforced by the City of Dearborn.

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NO.	E-MAIL ADDRESS	
Preferred Method of Communication: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail		
<b>SIGNATURE OF APPLICANT</b>		

Applicant signature must be notarized:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My commission expires \_\_\_\_\_

Approved Comments: \_\_\_\_\_  
Plan Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**FENCE PERMIT APPLICATION**  
**CITY OF DEARBORN . PERMIT SERVICES DIVISION**

FOR OFFICE USE ONLY:

Application No. \_\_\_\_\_

Date Submitted \_\_\_\_\_

Processed by: \_\_\_\_\_

**I. PROPERTY INFORMATION**

Property Address: \_\_\_\_\_

**II. DESCRIPTION OF PROPOSED WORK**

New Installation:     Fence         Fence and Gate     Gate Only

Repair Existing:     Fence         Fence and Gate     Gate Only

Is there an existing fence on site?  No     Yes (Only one fence may be installed along any common adjoining property line. Existing fences must be removed before a new fence is installed.)

**III. STYLE and MATERIAL**

Fence Style:     Chain-Link/Cyclone  
 Picket  
 Semi-Private

Fence Material:     Metal  
 Wood  
 Vinyl

**IV. HEIGHT and LENGTH**

Fence Height:	<input type="checkbox"/> 5'	<i>Residential District</i>
	<input type="checkbox"/> 5' with 1' decorative top (6' total)	
	<input type="checkbox"/> 6'	<i>Commercial District or Residential District abutting Commercial District</i>
	<input type="checkbox"/> _____	<i>Industrial/Other</i>

Fence Length: \_\_\_\_\_

**V. CONSTRUCTION VALUE**

*Construction Value is used for statistical purposes only. Permit fees are not based on construction value.*

Construction Value: \$ \_\_\_\_\_

**VI. PROPERTY OWNER INFORMATION/AFFIDAVIT**

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

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NO.	E-MAIL ADDRESS	
SIGNATURE OF PROPERTY OWNER		