

APPLICATION FOR PLAN REVIEW / FENCE PERMIT

FEE: \$30

OFFICE USE ONLY PAYMENT INFO AMOUNT: \$ _____ CHECK #: _____ DATE: _____ REC'D BY: _____	BOROUGH OF STROUDSBURG ZONING/CODES ENFORCEMENT 700 SARAH STREET STROUDSBURG, PA 18360 Phone (570) 421-5444 Fax (570) 421-2690 www.StroudsburgBoro.com	Date Stamp <i>(if rec'd w/o payment)</i>
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I. OWNER AND PROPERTY / PROJECT INFORMATION

Property Owner's Name: _____	
Property Owner's Mailing Address: _____	
Property Owner's Phone: _____	Property Owner's E-mail: _____
Address of Project: _____	
Monroe County Property Tax ID #: 1873 _____	
Is the property in the Historic District? <input type="radio"/> YES <input type="radio"/> NO	

II. FENCE INFORMATION (Check all that apply)

<input type="radio"/> Erect a fence <input type="radio"/> Alter/Repair a fence <input type="radio"/> Erect swimming pool fence <input type="radio"/> Temporary construction fence	<input type="radio"/> Front yard <input type="radio"/> Rear yard <input type="radio"/> Side yard	<input type="radio"/> Wood <input type="radio"/> Metal <input type="radio"/> PVC/Vinyl <input type="radio"/> Other material: _____	<input type="radio"/> Chainlink <input type="radio"/> Composite	Fence Height: _____ Number of Gates: _____
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III. ZONING INFORMATION

(Dimensional plot plan required; may be placed on back of this application)

Zoning District: _____
Present use of property: _____
Brief description of intended work: _____

IV. IDENTIFICATION (to be completed by all applicants)

1. Applicant	Name _____	Mailing Address: _____
	Phone #: _____	
	Mobile Phone: _____	E-mail: _____
2. Contractor	Name _____	Mailing Address: _____
	Phone #: _____	
	Mobile Phone: _____	E-mail: _____

The undersigned agree to conform to all applicable laws of this jurisdiction.

Property Owner's Signature: _____	Date: _____
Applicant's Signature: _____	Date: _____

