APPLICATION FOR PLAN REVIEW FENCE / ACCESSORY STRUCTURES PERMIT

FEE: \$50 / \$125

OFFICE USE ONLY	Z	Date Stamp c'd w/o payment)										
PAYMENT INFO												
AMOUNT: \$												
CHECK #: DATE:	Pho											
REC'D BY:												
I. OWNER AND PROPERTY / PROJECT INFORMATION												
Address of Project:												
Monroe County Property Tax ID #: 1873												
Is the property in the Historic District? O YES O NO												
Property Owner's Name:												
Property Owner's Mailing Address:												
Property Owner's Phone: Property Owner's E-mail:												
II. ZONING INFORMATION												
(Dimensional plot plan required; may be placed on back of this application)												
Zoning District:												
Present Use of Property:												
Description of Intended W	/ork:											
	ENCE	E INFORMAT	TION (Check	all that ap	ply)	Fee: \$50						
O Install a Fence		○ Front yard	○ Wood	O Chainlin	k	Fence Height:						
O Alter/Repair a Fence	2000	O Rear yard	O Metal	○ Compos	ite							
Temporary Construction FoInstall Swimming Pool Fen		○ Side yard	O PVC/Vinyl			Number of						
With Locking Gate?	CC		Other Mate	erial:		Gates:						
IV. ACCESSORY	STR	UCTURE (F	ees: under 5	500 sf \$50;	ovei	500 sf \$125)						
Type of Structure: Shed Gazebo Pool Pool House Garage / Workshop Other:												
Size of New Structure: Length Width Height # of Stories:												
Type of Foundation or Base:												
Will Electric or Plumbing Be Installed? (SEPARATE APPLICATIONS NEEDED) (Give Details) Electric: Plumbing:												
Percentage of lot to be covered by buildings:% Total Square Footage of Land Area:												

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Note: All dimensions / measurements are to be shown neatly in ink. Indicate property lines, street frontages, set backs, location of house, garage, outbuildings, driveways, etc., as well as proposed location of fences and gates. *** PLEASE CLEARLY LABEL ALL FEATURES ***																						
	Fro	ont	Pro	ope	erty	Lir	ne (St	ree	t N	am	e_							}			
			VI.	IDE	ENT	IFIC	ATI	ON	l (to	be o	com	plet	ed b	y all	apı	plica	ants	s)				
,		N	Name									N	Mailing Address:									
1. Applicant		Р	Phone #:																			
			Mobile Phone:										E-mail:									
0.0	- 4 4		Name										Mailing Address:									
2. Cor	-	Phone #: Mobile Phone:										E-mail:										
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Property Owner's Signature:									Date:													
Applicant's Signature:												Da	ate:									
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Zoning Officer's Signature:												ate	:									
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