

4605 PINE ST. PO BOX 100
COLUMBIAVILLE MI 48421

**VILLAGE OF COLUMBIAVILLE
FENCE APPLICATION**

PHONE # (810) 793-4411
FAX # 810-793-4777

PERMIT FEE: \$20.00

FENCE LOCATION:

Property Owner: _____ Address: _____

Phone Number: _____ Parcel #: _____

APPLICATION INFORMATION:

Owner: _____ Name: _____

Contractor _____ Address: _____

City: _____

State: _____ Zip Code: _____

Phone #: _____ Email: _____

PROJECT DATA:

Property Zoning Use: _____ Description of Work: (Example: Installing a 6' Fence in Rear Yard)

Type of Fence:
Chain Link _____
Split Rail _____
Privacy _____
Picket _____
Other _____

Type of Lot:
Interior _____
Corner _____

Condition: New: ____ Replacement: ____ Repair: ____

Height: _____
Length: _____

Is the fence enclosing a swimming Pool: _____

Applicant Signature:

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of the Village of Columbiaville. All information submitted on this application is accurate to the best of my knowledge.

Signature of Property Owner or Contractor: _____

Print Name of Property Owner of Contractor: _____

Date: _____

NOTICE TO APPLICANT: The Village is not responsible to determine where property lines are located, a survey is recommend. No work shall proceed until the Fence Application is signed.

Attach one copy of the a plot plan indicating the proposed location of the fence, gates, adjoining roads and buildings. Indicate where the fence is being installed on the back of this application.

If Zoning Official must visit property and additional fee will be required, \$40.00

ZONING DEPARTMENT

APPROVED _____

DENIED _____

PERMIT FEE TOTAL: _____

CHECK # OR CASH: _____

Zoning Official Signature

Date