



FENCE APPLICATION

141 S. Matteson Street | Bronson, MI 49028

Phone: 517-369-7334 | Fax: 517-369-1457

www.bronson-mi.com

DATE: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE NUMBER _____ FAX NUMBER _____

JOB LOCATION _____ ZONING: _____

CONTRACTOR'S INSURANCE CO. (IF APPLICABLE) _____

CERTIFICATE # (IF APPLICABLE): _____

DESCRIPTION OF FENCE & MATERIALS (ATTACH PHOTO IF AVAILABLE):

PERMIT REQUIREMENTS:

A COPY OF A LEGAL MORTGAGE SURVEY SHOWING PROPERTY BOUNDARIES AND THE EXACT LOCATION OF THE PROPOSED FENCING (IF AVAILABLE).

INDICATE THE TYPE OF MATERIALS BEING USED FOR THE FENCE. INCLUDE PHOTOS IF AVAILABLE.

INDICATE THE PROPOSED HEIGHT OF THE FENCE FROM FINISHED GRADE TO THE TOP OF THE FENCE.

\$25.00 APPLICATION FEE

Applicant Signature:

Date:

By signing this document, you acknowledge that you are responsible for placing the fence on the location specified above and that the fence is entirely on your property. You also acknowledge that if any portion of the fence is placed on an adjoining property you will be responsible for moving the fence to the correct property line at your expense.

Signature of Zoning Official

Date:
