



CITY OF MANCHESTER

912 CITY ROAD
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877

FENCE PERMIT APPLICATION

Application Date: _____

APPLICANT IDENTIFICATION:

Name: _____ Telephone: _____

Address: _____

Owner Name: _____ Telephone: _____

Address: _____

PROPERTY IDENTIFICATION:

Address: _____ Property ID: _____

Location: between _____ and _____

Present Zoning: _____ Intended Use: Residential Other

DESCRIPTION OF PROPOSED FENCE:

NOTE: Before completing this portion of your application, review a copy of Title XV, Chapter 151.102 of the Village of Manchester Zoning Code in regards to fencing. Be certain that the fence you wish to erect will meet all of the requirements for your district and specific site.

Is this fence permanent? Yes No

Is it located on a corner lot? Yes No

Height of Fence: _____ Opacity: _____%

Material(s) to be used and description of fence:

DRAWING REQUIRED:

Attach a scaled drawing of the fence and its location on the property. Show buildings and lot lines.

APPLICANT'S STATEMENT:

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge. By signing this application, I grant permission to City personnel to enter upon property as described for review purposes.

Applicant's Signature: _____

Date: _____

Over>>>>

For Office Use Only:

Permit Fee: For 60' or under \$ 25.00
 For 60' or over \$50.00 Date Paid: _____ Received by: _____

Signature of Zoning Inspector: _____ Date: _____

Zoning Approval: Approved Denied

Comments: _____

