

FENCE PERMIT

CHARTER TOWNSHIP OF FLUSHING
6524 N. Seymour Road
Flushing, Michigan 48433
810-659-0800 Fax 810-659-4212

Receipt # _____
Date: _____
Permit Fee: _____
Initial: _____

APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS.

Parcel # _____

Estimated Value of Fence \$ _____

LOCATION OF FENCE

STREET LOCATION: _____ ZONING DISTRICT: _____
CITY: _____ STATE: _____ ZIP _____

GENERAL REQUIRED INFORMATION:

OWNERSHIP: Private Residential Public Private Commercial

LOT SIZE: _____ LOT FRONTAGE: _____

TYPE OF FENCE: _____ MATERIAL: _____

HEIGHT: _____ TOTAL LENGTH: _____

IDENTIFICATION OF APPLICANT

APPLICANT IS RESPONSIBLE FOR ALL FEES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

OWNER OR LESSEE: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE NUMBER:** _____

CONTRACTOR: _____ **ADDRESS:** _____

CITY : _____ **STATE:** _____ **ZIP:** _____ **PHONE NUMBER:** _____

BUILDERS LICENSE # _____ **EXPIRATION DATE:** _____

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 STATE OF MICHIGAN, GENESEE COUNTY AND THE TOWNSHIP OF FLUSHING, ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SITE PLAN: USE BELOW SPACE OR ATTACH SITE PLAN

LABEL STREETS

LABEL FRONT YARD LINE

LABEL SIDE YARD LINES

LABEL REAR YARD LINE

EXISTING BLDGS

LABEL DIRECTION N/S/W/E

**** INCLUDE ALL LOT DIMENSIONS ****



APPROVAL SIGNATURE: _____ **DATE:** _____