



Community Development & Planning
City of Jasper
 610 Main Street | PO Box 29
 Jasper, IN 47547-0029
 (812) 482-4255 | Fax (812) 482-7852
 www.jasperindiana.gov



FENCE PERMIT APPLICATION

PART A IDENTIFICATION	
Owner Name	
Fence Location Address	
Legal Description of Property	
Contact Name of Owner	
Phone Number	Email Address

PART B DETAILED INFORMATION		
TYPE OF FENCE (check one): <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Chain Link <input type="checkbox"/> Metal <input type="checkbox"/> Privacy <input type="checkbox"/> Other _____	DETAILS OF FENCE Height: Feet: _____ Inches: _____ Overall height from grade: Feet: _____ Inches: _____	ADDITIONAL INFORMATION Subject Property is a (check one) <input type="checkbox"/> CORNER lot <input type="checkbox"/> INTERIOR lot Will fence be located at a corner lot of any streets or alleys? <input type="checkbox"/> YES <input type="checkbox"/> NO

PART C CHECK LIST AND CONTRACTOR INFORMATION			
Contractor			
Address			
City	State	Zip Code	
Phone Number	Email Address		
Please include a SITE PLAN detailing the following items with your completed application: <input type="checkbox"/> North Arrow <input type="checkbox"/> Lot Size with Dimensions <input type="checkbox"/> Street Names <input type="checkbox"/> All Structures on Property <input type="checkbox"/> Rights-of-Ways <input type="checkbox"/> Location of Fence and Setback Distances from all Property Boundary Lines			

Owner's Certificate: *I certify that the information contained in this application and on any accompanying documents is true and correct.*

Applicant's Signature: X _____ Date: _____

FOR OFFICE USE ONLY		
Property Zoning	Permit Fee	Permit Number
Approval by: Administrator		Approval Date