

BOROUGH OF STOCKERTOWN

Fence Permit Application

OWNER: _____ Permit # _____

ADDRESS: _____ Tax ID # _____

Contact Person: _____ Telephone No. _____

Fence Information:

Type of Fence _____ Fence Height _____

Area to be Fenced _____ Cost: _____

Reason for Fence _____

Approximate Start Date: _____

SIGNATURE OF APPLICANT: _____

I hereby attest to the information of this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Stockertown Borough and certify that the Code Official or his authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I, (we) the owners of record, hereby hold Stockertown Borough and their agents harmless for any and all damages that may occur to this fence, to include damages incurred during legal access to right-of-way and/or any and all easements. Furthermore, the fence will be located on our property and will conform to all applicable conditions of Stockertown Borough.

CONTRACTOR: _____ DATE: _____

CONTACT INFORMATION: _____

PHONE NUMBER: _____

APPLICATION DATE: _____

***It is the responsibility of property owners to check property / Deed restrictions before signing the permit application.**

Applicant is responsible for all fees associated with this application regardless if it is accepted or refused by the applicant.

***Please provide a sketch of the fence area**