

## FENCE PERMIT APPLICATION

PERMIT NUMBER:					DATE/TIME RECEIVED:	
SITE ADDRESS: PARC				PARCEL	EL NUMBER:	
SUBDIVISION:				LOT/UNIT:		
APPLICANT INFORMATION						
APPLICANT/BUSINESS NAME:	INESS NAME:			TELEPHONE: O HOME O BUSINESS		
ADDRESS:	SS:			E-MAIL: O HOME O BUSINESS		
CITY, STATE, ZIP:			FAX:	FAX:		
OWNER INFORMATION						
○ CHECK IF INFORMATION PROVIDED ABOVE IS THE SAME						
AME:			TELEPHONE: O HOM	TELEPHONE: O HOME O BUSINESS		
ADDRESS:			E-MAIL: O HOME C	E-MAIL: O HOME O BUSINESS		
CITY, STATE, ZIP:			FAX:	FAX:		
PROJECT INFORMATION						
Call JULIE for assistance in locating utilities at 811. 24 hours a day						
HEIGHT OF FENCE:			TYPE OF FENCE (E.G C	TYPE OF FENCE (E.G CEDAR, VINYL)		
FENCE CONTRACTOR:			PROJECT CONSTRUCTI	PROJECT CONSTRUCTION VALUE:		
A PLAT OF SURVEY showing the LOCATION OF THE FENCE must must accompany all fence permit applications or any alteration to existing fences. Attach fence contractor's proposal and a release and hold harmless form if applicable.  TERMS: In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work						
performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the Building Official; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the United City of Yorkville. I/we as owner of record or authorized agent are responsible to abide by all covenants and association restrictions as may apply to the proposed work associated with this permit. I/WE AGREETO NOT OCCUPY THE BUILDING UNTIL ALL INSPECTIONS HAVE BEEN PERFORMED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED. This Permit is a public document and all information on it is subject to public review pursuant to the Illinois Freedom of Information Act.						
SIGNATURE/AUTHORIZED AGENT:					DATE:	
REVIEW CONCLUSIONS (all staff comments on back of application):						
BUILDING CODE COMPLIANCE:				DATE:		
	○ APPROVED	○ NOT APPROVED				
ZONING CODE COMPLIANCE:	O APPROVED	○ NOT APPROVED			DATE:	
RE-SUBMITTAL:	DATE:		○ APPROVED ○ NOT APPR	ROVED	DATE/TIME ISSUED:	