

VILLAGE OF CANAL WINCHESTER

36 SOUTH HIGH STREET
CANAL WINCHESTER, OHIO 43110

PLANNING AND ZONING DEPARTMENT
PH 614.837.7501 FAX 614.837.0145

APPLICATION FOR FENCE PERMIT

Rev. 5/15/2007

Property Owner's Name _____ Address _____ Daytime Phone _____

Applicant's Name _____ Address _____ Daytime Phone _____
(if applicable)

Address of Subject Property: _____

Attach a current plot map showing the location of the proposed fence along with an elevation of the proposed fence indicating the fence height. Additional information may be required to determine compliance with the Zoning Code by the Planning and Zoning Administrator.

I certify that the information provided with this application is correct and accurate to the best of my ability.

Property Owner's Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Date Received: ___ / ___ / ___

Fee: \$ _____

Historic District: ___ Yes ___ No

Paid

Preservation Area: ___ Yes ___ No

Tracking No.: ZCFP - _____

Application ___ No

Date of Action: ___ / ___ / ___

Approved: ___ Yes

Expiration Date: ___ / ___ / ___

___ Yes, with conditions;
see Page 2