CITY OF DEARBORN HEIGHTS BUILDING AND ENGINEERING – 6045 FENTON-DBN HTS., MI 48127

FENCE APPLICATION

A SITE PLAN MUST ACCOMPANY THIS REQUEST

DATE_____ LOCATION_____ LOT NO_____

NAME OF LOT OWNER (PRINTED) _____PHONE NO._____

OWNERS ADDRESS (IF DIFFERENT FROM ABOVE)_____

****FENCE MATERIAL_____ LENGTH_____ HEIGHT_____
***(WOOD- SHADOWBOX ONLY-, CHAIN LINK, PVC, ETC.)

NAME OF FENCE ERECTOR_____

ADDRESS OF ERECTOR_____ PHONE NO_____

OWNER OR ERECTOR'S SIGNATURE_____

(OWNER ACCEPTS RESPONSIBILITY OF FINAL LOCATION OF FENCE)

CONTRACTOR'S
INDICATED PRICE $_____

HOMEOWNERS
INDICATED PRICE $_____

PLEASE DRAW PROPOSED NEW FENCING ON THE REVERSE SIDE

FOR BUILDING DEPARTMENT USE ONLY

$_____ APPROVED_____ NOT APPROVED_____ DATE _____ PLAN EXAMINER _____

TOTAL FOOTAGE_____ MATERIAL TYPE _____ LOCATION_____

REMARKS:_____