

Return application & permit fee to:

City of Shawano Zoning Admin./Building Insp.
127 S. Sawyer Street
Shawano WI 54166
Tele: (715)526-6150 Fax: (715)526-5751

PERMIT FEE: \$40.00

PERMIT NO.: _____

CITY OF SHAWANO
APPLICATION TO ERECT FENCE

Date: _____

Property Owner: _____ Telephone No.: _____

Property Address: _____

Cost of fence: \$ _____

DESCRIPTION OF FENCE

Height: _____ Length: _____

Type of fence (wood, steel, plastic, etc.): _____

Placement of fence on property: _____

To be installed by: _____

***Any and all fences shall be erected so as to locate visible supports and other structural components toward the subject property. It is the responsibility of the property owner to find your property lines and adhere to the setbacks and height requirements for placement. See 10-108: Fencing Standards in the City of Shawano Municipal Code.**

TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ **DATE** _____

PERMIT EXPIRATION: Permit expires one year from the date of issuance.

Additional information/comments: _____

Permit Issued by Municipal Agent:		
Name:	Date:	

Office Use Only			
Ck#/cash:	Date:	Receipt #:	Rec'd by: