CITY OF JOHNSTOWN, OHIO

599 S. Main Street Johnstown, Ohio 43031 Telephone: 740-967-3177 Fax: 740-967-3519



FENCE PERMIT APPLICATION: Chapter #1171.04

Application Number:	Date:/
FEES:	
\$50.00 (Single Family) \$100 (Commercial)	
Total Amount:_\$ Check Numb	er: Cash:\$
(PLEASE PRINT)	
1. Applicant:	
3. Phone Number:_(
4. Contractor or Person Performing Work:	
5. E-mail Address of Contractor or Property Owner(s):	
6. Height of Fence: Zon	
7. Type of Fence: (circle one) Ornamental, Aluminum, 3 or 4' Wood, Chain Link, Privacy, Vinyl, Shrub or Hedge orColor:	
8. Attach the plat plan with the fence drawn to scale showing the location of the fence.	
** The undersigned is applying for a Fence Permit for the following use; Said permit to be issued based on the information contained within this application. The applicant hereby certifies that all the information and attachments to this application are true and correct and agrees to follow all applicable laws. Reminder: Check with your H.O.A.	
Applicant's Signature:	Date:/
Fence posts holes are required to be a minimum of 32" in depth and holes must be inspected, prior to setting posts. Call to have an Inspection scheduled at (740) 967-3177 x5, and schedule to have either a Post hole Inspection or a Final Inspection to be done Monday through Wednesday from 8:30 A.M. to 4:00 P.M. Thank you.	
Date Received: / /	Received By:
Post Hole Inspection Date: / / Final Inspection Date: / /	Approved: Denied: Zoning Inspector: