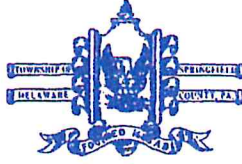


Township of Springfield

DELAWARE COUNTY, PA



DEPARTMENT OF LICENSES AND INSPECTIONS

50 POWELL ROAD, SPRINGFIELD, PA 19064-2446

(610) 544-1300 FAX (610) 544-5780

FENCE PERMIT APPLICATION

Property Address: _____

Owner Name: _____ Phone Number: _____

Please check all information that applies:

CORNER LOT _____ FRONT YARD SET BACK _____ FLOOD PLAIN _____ SWIMMING POOL _____

Please circle one of the following:

3ft 4ft 5ft 6ft

* 6 ft is the maximum allowable height for a residential fence

Fence Material _____

- PROVIDE DIAGRAM OF PROPERTY AND PROPOSED FENCE ON BACK OF THIS SHEET

ESTIMATED COST _____ CONTRACTOR'S NAME _____

CONTRACTOR'S ADDRESS _____ PHONE # _____

Notwithstanding the issuance of this permit, all provisions of the Building and Zoning Codes will be complied with, whether specified herein or not.

Property Owner: _____

Signature

Contractor: _____

Signature

Permit Fee: _____ Permit #: _____ Date Issued: _____