

SOLON TOWNSHIP
 15185 ALGOMA AVE NE
 CEDAR SPRINGS, MI 49319



PHONE: 616-696-1718
 FAX: 616-696-3970
 www.solontwp.org

FENCE PERMIT APPLICATION

APPLICANT: _____ PHONE: _____

APPLICANT ADDRESS: _____

LOCATION ADDRESS/PARCEL #: _____
 : 41-02-____ - ____ - ____

CONTRACTOR: _____ PHONE: _____

CONTRACTOR ADDRESS: _____ EMAIL: _____

TYPE OF PROPOSED FENCE: _____

HEIGHT OF PROPOSED FENCE: _____

This Application must include a scale drawing showing the following:

- A. Site Plan showing location and relationship to existing building, structure, or lot including setbacks from lot lines and elevations.
- B. Fence plans and specifications with method of construction and attachment to structures or ground.

* **Agreement for property owner to maintain both side of fence.** YES

The Zoning Administrator may request additional specifications or documentation to determine compliance with Solon Township Ordinances. Applicants must comply with Solon Township Fence Ordinances.

APPLICANT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

ZONING OFFICIAL SIGNATURE: _____ DATE: _____

Application Approved: Yes No Comment: _____

BUILDING OFFICIAL SIGNATURE: _____ DATE: _____

Application Approved: Yes No Comment: _____

ZONING FEE: \$ 50.00 _____

- No Building Inspection Required

CONT. REG. FEE: \$ _____

TOTAL FEE PAID: \$ _____

Check # _____ Cash _____

DATE RECEIVED: _____