FENCE PERMIT APPLICATION

Village of South Glens Falls
P.O. Box 1210 • 46 Saratoga Avenue • South Glens Falls, N.Y. 12803
518-793-1455 • www.SGFNY.com • Fax 518-793-3063

Permit Number: __________________________
Date: ______________________________ Phone #: __________________________
Expires: ___________________________

Owner of Property: _______________________________________________________

Property Address: _______________________________________________________

Name of Builder: _______________________________________________________

Size of Property: _____ By ______

SET BACKS:
************
Front: ______________________________________
Back: ______________________________________
Sides: ______________________________________

Type of Fence: _______________________________________________________

Height: _______________________________________________________

Materials: _______________________________________________________

Zoning Information:
A plot plan must be prepared and submitted, drawn reasonably to scale and attached to this permit, showing all buildings, whether existing or proposed, and indicate all set back dimensions from property lines. Give street number or lot number and indicate whether interior or corner lot. Show location of water supply and septic disposal areas.

I have read the above and agree to abide by these and all requirements of the Village of South Glens Falls.

Date: ___________ Applicant: ____________________________________________

Fee: ___________ Building Inspector: ________________________________