

BUILDING and ZONING DEPARTMENT

46 Saratoga Avenue
South Glens Falls, NY 12803
518-793-1455 Phone
518-793-3063 Fax



TO BE COMPLETED BY BLDG DEPT	
Permit No.	_____
Date Permit Issued	_____
Date Permit Expires	_____
Fee	_____
Approved by:	_____

FENCE PERMIT APPLICATION

Date: _____

Property Owner: _____

Property Address: _____

Name of Builder: _____

Size of Property: _____ x _____ x _____ x _____

Setbacks: Front: _____ Back: _____ Sides: _____

Fence Style: _____ Height: _____

Materials: _____

Zoning Information:

A plot plan must be prepared and drawn reasonably to scale showing all buildings, whether existing or proposed, and indicate all set back dimensions from property lines and submitted with this application. 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.

Applicant: _____
(Please Print)

Applicant Signature: _____ Date _____

Building Inspector: _____ Date _____

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| <p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> • Submit two original completed and signed applications • Submit two original plot plans • Return to Village of South Glens Falls Municipal Office |
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