

BOROUGH OF TOPTON FENCING PERMIT APPLICATION

| DATE | | |
|-------|-----------|--|
| PERM. | IT NUMBER | |

| DEPARTMENT USE ONLY | | | | | | | |
|---|---------|----------------------|-------------------------|---------------------------------------|--|--|--|
| Property ID: Zoning Dist | | | | Lot Size: | | | |
| Location: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Identification (print): | | | Phone: | | | | |
| Owner: | | | Address: | | | | |
| Construction Company: | | | Address: | | | | |
| Solida a salah salah panyi | | | | | | | |
| | | | | | | | |
| Contact Person: | | | Phone: | | | | |
| | | | | | | | |
| Fence Specs: | | | | | | | |
| Cost: | Length: | | Height: | Start: | | | |
| Area to be fenced in: | | Type of fence: | | Reason for fence: | | | |
| I | | ' | | | | | |
| | | | | | | | |
| WAIVER OF DAMAGES (must be completed by owner) | | | | | | | |
| I, (we) the owner of record, hereby hold the Borough of Topton and their agents harmless for any and all damages that may occur to this fence, to include damages incurred during the legal access to right of ways and or any and | | | | | | | |
| | | | | | | | |
| | | e located on our pro | perty, and will conform | to all applicable conditions | | | |
| of the Borough of Topton. | | | | | | | |
| Signature of property ow | ner: | | Date: | | | | |
| Verification of application | 1: | | | · · · · · · · · · · · · · · · · · · · | | | |
| I hereby certify that I am the owner of record of the named property, or that the propsed work is authorized by | | | | | | | |
| the owner of record and that I have been authorized by the owner to make this application as his authorized agent. | | | | | | | |
| I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to | | | | | | | |
| conform to all applicable laws of Borough of Topton and certify that the code official or his authorized representative | | | | | | | |
| shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of | | | | | | | |
| the code(s) applicable to such permit. | | | | | | | |
| | | | | | | | |
| Signature of Applicant: | | | Application Date: | | | | |
| Print Name of Applicant: | | | Phone: | | | | |
| Address of Applicant: | | | | | | | |
| | | | | | | | |