STAFF USE ONLY:
Received by: _____
Date: _____

Permit # _____

FENCE PERMIT APPLICATION

66 2nd Street SW
Swisher, IA 52338
Phone (319) 857-4539
Email: swisher2@southslope.net

Job Site Address _____

Legal Description _____ **Parcel #** _____

Applicant _____

Address _____ City/St/Zip _____

Email _____ Phone _____

Owner _____

Address _____ City/St/Zip _____

Email _____ Phone _____

Installer_____

Address _____ City/St/Zip _____

Email _____ Phone _____

Project Description _____

Fence Height:

Front Yard: _____, Side Yard: _____, Rear Yard: _____

Material / Type of Fence: _____, Solid _____ Yes or _____ No. If Yes, percentage not solid _____

A SKETCH MUST BE INCLUDED ON NEXT PAGE TO SHOW PLACEMENT OF FENCE ON PROPERTY

By Signing below, I agree that the fence being installed will comply with Swisher City Code 165.29

Applicant's Signature _____ **Date:** _____

Property Owner Signature _____ **Date:** _____

FOR OFFICE USE:

Permit Approved _____ OR Not Approved _____

If not approved, give reason: _____

Zoning Administrator Signature: _____

If Variance Required, date of Board of Adjustment Meeting: _____

Board of Adjustment Decision: _____