

MONROE TOWNSHIP
2828 STATE ROUTE 222
513-734-6462
APPLICATION FOR FENCE PERMIT
FEE: PRIVACY \$50.00 BOARD OR CHAIN LINK \$30.00

NAME OF PROPERTY OWNER _____
ADDRESS OF PROPERTY OWNER _____
CITY, STATE, ZIP _____
PHONE _____ E-MAIL _____
ADDRESS OF CONSTRUCTION SITE _____
CITY, STATE, ZIP _____
PARCEL ID NUMBER _____ (CAN BE OBTAINED FROM CLER. CO. AUDITOR'S SITE)
ACREAGE _____

IF CONTRACTOR: NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ E-MAIL _____

STYLE OF FENCE _____
HEIGHT OF FENCE _____
LOCATION OF FENCE _____

The Township Zoning Inspector legally has ten (10) days to review this application. If all requirements are not met this process may take longer. I understand that the Township Zoning Inspector shall be allowed to inspect my property, if needed at any time.

A full site plan showing the location of the fence must accompany this application **before** this permit will be issued. **The Fence shall be designed to orient the best or most aesthetic side toward the agricultural or residential district.**

This permit shall expire if work has not begun within six (6) months or has not been completed within eighteen (18) months from the date the permit is issued. It is understood and agreed by the applicant that any error, misstatement, or omission in the application for issuance of this permit may cause the permit to be revoked after issuance.

Applicant's signature _____ Date _____

Upon the basis of this application # _____, the statement is which you have made is a part hereof, the proposed usage is found to be (in accordance) with the Monroe Township Zoning Resolution and is hereby approved _____/rejected _____ for the _____ district.

Zoning inspector Signature _____ Date _____

Fee paid _____ Check # _____