

**EAST ROCKHILL TOWNSHIP  
FENCE APPLICATION**

1622 Ridge Road, Perkasi  
215-257-9156

Application Date: \_\_\_\_\_

**1. PROPERTY INFORMATION**

Street Address		Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type ___ Residential ® ___ Industrial (I) ___ Commercial © ___ Other (O)		

**2. OWNER INFORMATION**

First Name	Last Name or Business Name	Phone		
Street Address	City	State	Zip	

**3. CONTRACTORS INFORMATION**

	NAME OF CONTRACTOR	STREET ADDRESS	CITY, STATE
Applicant (not owner)			
Fence Contractor			

**4. FENCE DESIGN INFORMATION**

**Plot Plan Required**

*A plot plan of the property showing where the fence will be located must be submitted with the application*

HEIGHT OF FENCE: \_\_\_\_\_

DISTANCE OF FENCE FROM PROPERTY LINES: \_\_\_\_\_

TYPE OF WOOD: \_\_\_\_\_

FENCE STYLE:  Post & Rail     Spaced Picket     Solid Board     Shadow Box

*Select all that apply*

<input type="checkbox"/> Split Rail	<input type="checkbox"/> Gothic/Dog Ear	<input type="checkbox"/> Double Domed
<input type="checkbox"/> Paddled Rail	<input type="checkbox"/> Picket	<input type="checkbox"/> Domed
<input type="checkbox"/> Doweled Rail	<input type="checkbox"/> Dog Ear	<input type="checkbox"/> Scalloped
<input type="checkbox"/> w/ Wire Backing	<input type="checkbox"/> Gothic	<input type="checkbox"/> Double Scalloped
<input type="checkbox"/> w/o Wire Backing	<input type="checkbox"/> Flat Top	

**5. CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's 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 \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Homeowner Signature (required) \_\_\_\_\_ Phone No. \_\_\_\_\_