

CITY OF LEBO
APPLICATION FOR FENCE PERMIT

(Zoning Office Use)		
PERMIT NO.:	DATE:	FEE:
PAY TYPE:		

Please complete the following:

APPLICANTS NAME, ADDRESS, AND PHONE NUMBER

OWNERS NAME AND ADDRESS IF DIFFERENT THAN APPLICANT

ADDRESS OF PROPERTY REQUESTED FOR PERMIT _____

LEGAL DESCRIPTION OF PROPERTY _____

CURRENT ZONING OF PROPERTY _____

TYPE OF FENCE (CONSTRUCTION) _____ HEIGHT OF FENCE _____

Please attach a drawing that includes:

- The property with correct dimensions of the lot
- The area, size, and location of all present structures
- The area, size and location of proposed fence
- Any other information deemed necessary by the Zoning Administrator to determine the proper enforcement of the zoning regulations.

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The undersigned hereby certifies that the information in this application and attached drawings is correct and that they will comply with the zoning regulations of the City of Lebo and any permit issued upon any false statement or submission of any fact which is material to the permit will render the permit null and void.

APPLICANT'S SIGNATURE _____

OWNERS SIGNATURE IF DIFFERENT THAN APPLICANT

***Application is not complete and cannot be processed until all information is complete and received and the fee paid.**

ZONING OFFICE USE ONLY

A zoning permit for a fence as described and listed above and located at _____
_____ is

Approved _____/Denied _____

this _____ day, of _____, 20__.

Zoning Administrator, City of Lebo