



City of Clifton

HOUSING & ZONING
DEPARTMENT
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

DANIEL HOWELL
Zoning Officer
Supervising Code Enforcement Officer

TEL: (973) 470-5808
(973) 470-5849
FAX: (973) 471-1837

Application for Fence Permit

Date of Application _____

Name of Applicant: _____ Name of Property Owner: _____
(Print)

Work Site Location: _____ Blk: _____ Lot: _____
(Print)

Applicant Phone # _____ Property Owner Phone # _____
(Print)

Contractors Name: _____ Contractors Phone # _____
(Print)

1. Survey indicating location, height and style fence. ()
2. Is fence being erected to safe guard a pool? ()
3. Is property a commercial? ()
4. Is property residential? ()

With this application provide a copy of property survey, indicating location, height, and style of fence.

Cost:

- | | |
|---|-------------|
| 1. Residential property | \$50.00 () |
| 2. Commercial Property (Up to & including 6') | \$75.00 () |

INSPECTIONS WILL BE CONDUCTED TO INSURE PERMIT WAS FOLLOWED

- Proper height
- Proper style
- Finished side of fence faces adjoining property and city right of way.
- Height of fence is measured from THE GROUND TO TOP OF FENCE

PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING

THIS PERMIT IS VALID FOR 6 MONTHS FROM DATE OF ISSUE