

**BOROUGH OF MANSFIELD
CODE ADMINISTRATION**14 SOUTH MAIN STREET
MANSFIELD, PA
(570) 662-2315**FENCE PERMIT
APPLICATION**

PERMIT #ZF - Date: / / Cost: \$

Project Address: _____

Owner of Property : _____

Name _____

Phone # _____

Mailing Address : _____

Street# _____

City _____

State _____

Zip _____

Contractor/Applicant : _____

Name _____

Phone # _____

Mailing Address : _____

Street # _____

City _____

State _____

Zip _____

Proposed type of Fence (check
One)

- ☐ Chain Link
☐ Wood
☐ Metal
☐ Vinyl
☐ Other (explain)

Existing Use of
Land/Building

Front Yard Fence

Length _____ Height _____

Rear Yard Fence

Length _____ Height _____

Side Yard Fence

Length _____ Height _____

Estimated
CostPermit
Information

(Please Check only One)

☐ Erect☐ Relocate☐ Re-issue (change of Fence)

Applicant Remarks (optional) _____

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 AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION. I ALSO CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL, AND THAT IF ANY OF THE INFORMATION PROVIDED IS INCORRECT, THE PERMIT MY BE REVOKED. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE (S) APPLICABLE TO SUCH PERMIT. IF A PERMIT IS ISSUED I UNDERSTAND THAT IF A PERMIT IS ISSUED WRONGFULLY, WHETHER BASED ON MISINFORMATION OR AN IMPROPER APPLICATION OF THE CODE, THE PERMIT MAY BE REVOKED.

Signature _____ Print Name _____ Date _____

Fill in applicable information (Check primary contact person)

☐ Owner _____ Phone # _____ Fax # _____

☐ Contractor _____ Phone # _____ Fax # _____

Sketch plan here or attach drawing to application

DO NOT WRITE BELOW THIS LINE---OFFICE USE ONLY

Zoning District <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> B-3 <input type="checkbox"/> 0-1 <input type="checkbox"/> M-1 <input type="checkbox"/> P-1 Setbacks _____ Front _____ Side _____ Rear Map Number _____ Deed/Ref _____ / _____	<div style="text-align: center;"><u>Reviews Required</u></div> <input type="checkbox"/> Codes & Zoning Date ____/____/____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Zoning Hearing Board Date ____/____/____ Type of Appeal _____ Results or Conditions _____ <input type="checkbox"/> Planning Commission Date ____/____/____ <input type="checkbox"/> Borough Engineer Date ____/____/____ <input type="checkbox"/> Other Date ____/____/____	<div style="text-align: center;"><u>Inspections Required</u></div> <input type="checkbox"/> Site <input type="checkbox"/> Footings <input type="checkbox"/> Final
DRAWINGS <input type="checkbox"/> SITE PLAN <input type="checkbox"/> ARCHITECTURAL <input type="checkbox"/> DRAWINGS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<div style="text-align: center;">VAIDATION</div> <div style="display: flex; justify-content: space-between;"> <div> Number _____ Date _____ FEES _____ Permit Fee _____ Total Fees _____ </div> <div style="text-align: right;"> ZF ____ - ____ ____/____/____ </div> </div>

☐ APPROVED ☐ DENIED, REASON : _____

BY: _____ DATE: _____

INSPECTION RECORD		
DATE	NOTE PROGRESS - CORRECTIONS AND REMARKS	INSPECTOR