

# VILLAGE OF CANAL WINCHESTER

36 SOUTH HIGH STREET  
CANAL WINCHESTER, OHIO 43110

PLANNING AND ZONING DEPARTMENT  
PH 614.837.7501 FAX 614.837.0145

## APPLICATION FOR FENCE PERMIT

Rev. 5/15/2007

Property Owner's Name \_\_\_\_\_ Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
(if applicable)

Address of Subject Property: \_\_\_\_\_

Attach a current plot map showing the location of the proposed fence along with an elevation of the proposed fence indicating the fence height. Additional information may be required to determine compliance with the Zoning Code by the Planning and Zoning Administrator.

**I certify that the information provided with this application is correct and accurate to the best of my ability.**

Property Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Date Received: \_\_\_ / \_\_\_ / \_\_\_

Fee: \$ \_\_\_\_\_

Historic District: \_\_\_ Yes \_\_\_ No

Paid

Preservation Area: \_\_\_ Yes \_\_\_ No

Tracking No.: ZCFP - \_\_\_\_\_

Application \_\_\_ No

Date of Action: \_\_\_ / \_\_\_ / \_\_\_

Approved: \_\_\_ Yes

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ Yes, with conditions;  
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