



The City of Waterbury
DEPARTMENT OF INSPECTION
 26 Kendrick Ave
 Waterbury, CT 06702
 (203) 574-6832

PERMIT NUMBER:

Application for Fence Permit

Date: _____

PLEASE PRINT LEGIBLY

Applicant:
 Name: _____
 Address: _____
 City/State/Zip: _____

LOCATION OF WORK:

Owner:
 Name: _____
 Address: _____
 City/State/Zip: _____

License Number: _____
 Phone Number: _____

Installer:
 Name: _____
 Address: _____
 City/State/Zip: _____

Type of Building/Property:

Commercial Industrial Residential - How many families? _____

Corner Lot? YES NO

Type of Fence: _____

Height of Fence: _____ ft. Depth of Footing: _____ ft.

Distance from Property Line: Front: _____ ft. Side: _____ ft. Rear: _____ ft.

ESTIMATED COST: \$ _____

The undersigned hereby makes application for a permit to install a fence according to the following detailed statement of the specifications and plans herewith submitted. All provisions of the City of Waterbury Zoning Ordinance shall be complied with in the installation of said fence whether specified herein or not.

PRINT NAME: _____ **SIGNATURE:** _____

Do not write below this line - For Office use Only

APPROVED --- ZONING: _____

APPROVED --- WETLANDS: _____

Permit Fee: \$ _____
 State Ed Fee: \$ _____
 CA: \$ _____
 Penalty Fee: \$ _____
TOTAL: \$ _____

Date Issued: _____
 Issued By: _____
 Reviewed By: _____

