



MAYOR AND COUNCIL
3337 VICTORY STREET
P.O. BOX 830
MANCHESTER, MD 21102

FENCE ZONING CERTIFICATE APPLICATION

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

PROPERTY OWNER'S PHONE #: _____

ADDRESS OF PROPERTY: _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S PHONE #: _____

TYPE OF FENCE: _____

FENCE HEIGHT: _____

*****FENCES MUST NOT ENCLOSE UTILITIES*****

-Please attach a plat or other depiction of the subject property showing the proposed fence location on the property. Please include fee with application when submitted.

-The undersigned acknowledges review of the requirements for Ordinance 250-26 Accessory uses, buildings and structures and certifies that the above information is correct.

PROPERTY OWNER SIGNATURE: _____

DATE: _____

FOR TOWN OFFICE USE ONLY

ZONING OF PROPERTY: _____

APPROVED: _____ DATE _____

Town Administrator/Zoning Administrator

DISAPPROVED: _____ DATE _____

Town Administrator/Zoning Administrator

FEE \$50.00 Received _____ CERTIFICATE # _____

DATE