

<p style="text-align: center;">WORCESTER TOWNSHIP P.O. BOX 767 WORCESTER, PA 19490-0767</p>	<p>PERMIT APPLICATION</p> <p style="font-size: 1.2em;">FENCING</p>	
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OFFICE USE ONLY

PARCEL NO: 6700-	UNIT NO:		
BLOCK NO:	ZONING DIST:		DATE RECEIVED

IMPORTANT- Applicant must complete all sections.

I. LOCATION	AT LOCATION _____ NO: _____ STREET: _____ BETWEEN _____ AND _____ CROSS STREET CROSS STREET SUBDIVISION _____ LOT _____ LOT SIZE _____
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2. IDENTIFICATION - (PRINT) Information for all parties required (if applicable)

OWNER OR LESSEE	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
CONSTRUCTION COMPANY:		CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE
ARCHITECT OR ENGINEER:		CONTRACTORS LIC #
CONTACT NAME:	MAILING ADDRESS-NUMBER, STREET, CITY AND STATE	TELEPHONE

3. FENCE SPECIFICS	COST:	TOTAL FENCE LENGTH	FENCE HEIGHT	START DATE	DAYS TO COMPLETE
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4. AREA TO BE FENCED IN Check all applicable	5. TYPE OF FENCE Select the closest type	6. Reason for Fence Select if applicable
<input type="checkbox"/> Fence in front yard	<input type="checkbox"/> Chain link	<input type="checkbox"/> Aesthetics
<input type="checkbox"/> Fence in side yard	<input type="checkbox"/> Stockade	<input type="checkbox"/> Security
<input type="checkbox"/> Fence in rear yard	<input type="checkbox"/> Wood Picket or Wrought Iron	<input type="checkbox"/> Fence in pool
<input type="checkbox"/> Fence in side and front yards	<input type="checkbox"/> Split rail	<input type="checkbox"/> Fence in horse(s)/livestock
<input type="checkbox"/> Fence in side and rear yard	<input type="checkbox"/> Split rail with wire mesh	<input type="checkbox"/> Animal pen
<input type="checkbox"/> Fence in entire property	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

7. WAIVER OF DAMAGES- Must be completed by the property owner.

I, (we) the owner of record, hereby hold the Township of Worcester and their agents harmless for any and all damages that may occur to this fence, to include damages incurred during the legal access to right-of-ways and or any and all easements. Furthermore the fence will be located on our property, but not located in the ultimate right-of-way and will conform with all applicable condition of the Ordinance of the Township of Worcester.

SIGNATURE OF THE OWNER OF RECORD	DATE
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8. VERIFICATION OF APPLICATION- Must be completed.

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. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Worcester Township and certify that the code official or the code official's authorized representative shall have e the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	APPLICATION DATE
PRINT NAME OF APPLICANT		
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE NUMBER