



CITY OF GRAND LEDGE

Established 1893

Zoning Administrator

319 Taylor St.
Grand Ledge, MI 48837

Ph: (517) 627-6469

Fax: (517) 627-6788

sstachowiak@grand-ledge.com

Fence Permit Application

For Office Use Only

Fee Paid _____

Date Received: _____

Applicant(s) _____

Address _____

Daytime Phone _____

Evening Phone _____

Installer(s) _____

Address _____

Daytime Phone _____

Evening Phone _____

Project Address _____

Zoning District _____

Owner Name(s) _____

Address _____

Daytime Phone _____

Evening Phone _____

Estimated Date of Installation _____

Existing Fences, if any:

Fence #1: Type _____ Location _____

Fence #2: Type _____ Location _____

Fence #3: Type _____ Location _____

Petition must include a site plan, as follows:

- Drawn to a scale of at least 1"=25'
- Location of the proposed fence
- Method to stabilize all corners, ends and gate posts of fence
- Fence materials and finished height
- Existing structures and fences
- All roads, easements and other access points

I stipulate and understand the fence permit, if approved by the City of Grand Ledge, does not guarantee I may proceed with installation of the fence. I understand there may be additional permits required to meet trade codes and I understand the City of Grand Ledge does not have any power or authority over these additional permits. I certify the statements made and the information provided in this fence permit application are true, accurate and complete.

Signature

Date

Adjoining property owner signatures (required if proposed fence location is on lot line):

Address

Signature

Date

Address

Signature

Date

Address

Signature

Date

Required Reviews

	Approve Petition	Deny Petition	Initials
<input checked="" type="checkbox"/> Zoning Administrator	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> City Assessor	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Building Official	<input type="checkbox"/>	<input type="checkbox"/>	_____