

**VILLAGE OF WILMETTE
FENCE PERMIT APPLICATION**

DATE: _____ PROJECT NO.: _____

ADDRESS: _____ OWNER: _____

OWNER'S TELEPHONE: DAY (____) _____ OWNER'S EMAIL: _____

FENCE CONTRACTOR: _____

ADDRESS: _____

CONTRACTOR TELEPHONE: (____) _____ CUSTOMER No.: _____ PAID: _____

PROPERTY USE: SINGLE FAMILY TWO-UNIT TOWNHOUSE UNIT TOWNHOUSE DEVELOPMENT

MULTI-FAMILY COMMERCIAL INSTITUTIONAL

PERMIT FOR: NEW REPLACEMENT REPAIR GATE(S)

LOCATION: FRONT YARD SIDE YARD SIDE YARD ADJOINING A STREET

REAR YARD REAR YARD DOUBLE FRONTAGE LOT

FENCE STYLE: TRADITIONAL STOCKADE CHAIN LINK WROUGHT IRON/ALUMINUM

VINYL OTHER (SPECIFY): _____

HEIGHT: _____ LENGTH: _____ PERCENT OPEN: _____

HEIGHT: _____ LENGTH: _____ PERCENT OPEN: _____

ATTACH PLAT OF SURVEY SHOWING FENCE LOCATION AND DIMENSIONS

Signature of Applicant: _____

Print Name of Applicant: _____

**THE FINISHED SIDE OF FENCE MUST FACE THE ADJOINING PROPERTY OR STREET
THE FENCE MUST BE PLACED ENTIRELY ON THE SUBJECT PROPERTY**

For Staff Use Only

APPEARANCE REVIEW

ZONING BOARD

EASEMENT FORM

COMMENTS: _____

Planner

Date Approved

PERMIT NUMBER AND ISSUE DATE:

DATE STAMP: