

TOWN OF GLENVILLE
18 Glenridge Road, NY 12302-4518
(518) 688-1200, Ext. 405 ~ Fax (518) 384-0140
www.townofglenville.org

**APPLICATION FOR
FENCE**

**A detailed plot plan must be submitted with this application
Please read the supplemental information prior to applying for a building permit.**

Date _____

1) **Building Site Address** _____

2) **Is This Fence Part Of A Swimming Pool/Spa Enclosure?** Yes _____ No _____
If yes, this fence must meet the barrier requirements per the NYS Building Code.
Instructions can be found attached to the Swimming Pool Supplemental Information.

3) **Is this a corner lot?** Yes _____ No _____

4) **Type of Fence:**

_____ Stockade or similar type	Height of fence from grade _____
_____ Picket or similar type	Height of fence from grade _____
_____ Chain link or similar type	Height of fence from grade _____

5) **Property Owner's Name** _____ **Phone** _____
Mailing Address (if different than site address) _____
City _____ State _____ Zip _____

6) **Contractor's Name** (if applicable) _____ **Phone** _____
(All contractors must provide proof of Workers Compensation and Disability Insurance)
Address _____ City _____ State _____ Zip _____

7) **Estimated Value Of All Work** (labor and materials) \$ _____

8) **Applicant's Certification:**

I certify that the construction plans and all other information submitted as part of this permit application are accurate.

Signature Of Property Owner _____
(Contractor signature accepted with a copy of the signed agreement with the property owner)

FOR OFFICE USE ONLY:

Date Approved: _____ Fee: _____ Date Denied: _____

Authorized Signature: _____

Notes or Comments: _____
