

Town of Glenville Building Dept.
18 Glenridge Road, Glenville, NY 12302
Phone: (518) 688-1200 ext. 8
Fax: (518) 384-0140
www.townofglenville.org



Date Received: _____
Fees: _____
Date Approved: _____
Date Denied: _____
Authorized by: _____

Building Permit Application Fence

A plot plan is **required** to be submitted with this application.

**** Refer to supplement for requirements****

Site Address: _____

(Must Be Completed)

Property

Owner's Name: _____

Address: _____

Day Phone: _____

Email: _____

(Must Be Completed)

Contractor's

Name: _____

Address: _____

Day Phone: _____

Email: _____

****Workers Comp, Disability & Liability Certs. of Ins. MUST be submitted with this application.****

Type of Fence:

Is this fence part of a swimming pool/spa enclosure? Yes _____ No _____

****If YES, barrier requirements per the NYS Building Code must be met and maintained. See Swimming Pool packet for code requirements.****

Stockade or similar type: _____

Height from grade: _____

Picket or similar type: _____

Height from grade: _____

Chain link or similar type: _____

Height from grade: _____

Is this a corner lot? Yes _____ No _____

****Corner lots have two front yards. A fence may not exceed 4 feet in height in both front yards.****

NOTES:

APPLICANT'S CERTIFICATION:

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

SIGNATURE OF PROPERTY OWNER: _____

(Contractor/Builder's signature accepted with a copy of the signed agreement with the property owner)

ESTIMATED VALUE OF ALL WORK (labor & materials) \$ _____