

INSTRUCTION SHEET FOR FENCE CONSTRUCTION

1. Determine if the fence will be erected at or within three (3) feet of a property line, three feet and under fill out the long form, more than three feet fill out the short form.
2. Fill out the appropriate hi-lighted areas on the Building Permit application.
3. You must not build your fence until the Zoning Administrator signs off on the application and you receive the Building Permit.
4. Contact the Zoning Administrator at 407-3994.

THE APPLICANT IS RESPONSIBLE FOR COMPLETION OF THIS FORM.

THIS FORM MUST ACCOMPANY AN APPLICATION FOR ZONING COMPLIANCE WHEN CONSTRUCTING A FENCE WITHIN THREE FEET OF THE PROPERTY LINE.

TYPE OF FENCE (TYPE, MATERIAL, HEIGHT ETC. .) _____

CHECK ONE OF THE FOLLOWING:

_____ A SURVEY WAS PERFORMED.

_____ A SURVEY WAS NOT PERFORMED BUT THE APPLICANT HAS LOCATED PREVIOUSLY PLACED SURVEY MARKERS AND HAS SHOWN THESE MARKERS AND THE LOCATION THEREOF AS WELL AS THE LOCATION OF THE PROPOSED FENCE TO THE ZONING ADMINSTRATOR AND ALL ADJOINING AND ABUTTING NEIGHBORS

AS AN ADJOINING OR ABUTTING NEIGHBOR I HAVE PERSONALLY OBSERVED THE LOCATION OF THE PROERTY MARKERS AND AGREE THAT THEY REPRESENT THE LOCATION OF THE CORNERS OF THE LOTS IN QUESTION.

1. PRINT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ SIGNATURE: _____

OVER

2. PRINT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ SIGNATURE: _____

3. PRINT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ SIGNATURE: _____

4. PRINT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ SIGNATURE: _____

5. PRINT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ SIGNATURE: _____

6. PRINT NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ SIGNATURE: _____

APPLICANTS SIGNATURE: _____

ZONING ADMINISTRATOR SIGNATURE: _____

THE APPLICANT IS RESPONSIBLE FOR COMPLETION OF THIS FORM

THIS FORM MUST ACCOMPANY AN APPLICATION FOR ZONING COMPLIANCE WHEN CONSTRUCTING A FENCE MORE THAN THREE FEET FROM THE PROPERTY LINE.

TYPE OF FENCE (TYPE, MATERIAL, HEIGHT ETC.) _____

APPLICANTS SIGNATURE _____

ZONING ADMINISTRATOR SIGNATURE _____

CITY OF BREESE BUILDING AND ZONING
 800 N. 1st (618) 526-7151 Fax (618) 526-4575
 BUILDING PERMIT APPLICATION

Name of Owner		Phone #	
Address		Work/Cell #	
Contractor		Phone #	
Address		Cell #	

Name of Applicant if other than Owner		Phone #	
Address		Work/Cell #	

Property Parcel I.D. #

Type of Work

Fence	<input type="checkbox"/> Type of Fence	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Other	
3' set back from back and side lot lines			
Pool	<input type="checkbox"/> Type of Pool	<input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground <input type="checkbox"/> Other	
15' Setback from back and side lot lines			
Deck/ Porch	<input type="checkbox"/> Please provide Plans detailing Floor Joists and Railing		
	\$.01 per sq. ft. (Decks Only)		
	\$5 minimum, \$25 maximum (Decks Only)		
	Total Sq. Ft.	<input style="width: 80px;" type="text"/>	
Storage Shed	<input type="checkbox"/>	\$10.00 or \$.02 per sq. ft. whichever is greater	
		Total Sq. Ft. <input style="width: 80px;" type="text"/>	
<i>(See Accessory Uses below)</i>			
Detached Garage	<input type="checkbox"/> Please provide detailed drawings		
	Type of Footing	<input type="checkbox"/> Spread <input type="checkbox"/> Trench <input type="checkbox"/> Slab on Grade	
		Total Sq. Ft. <input style="width: 80px;" type="text"/>	
<i>(See Accessory Uses below)</i>			
Driveway	<input type="checkbox"/>	\$.01 per sq. ft.	
Patio	<input type="checkbox"/>	\$5 minimum, \$25 maximum	
Sidewalk	<input type="checkbox"/>		
		Total Sq. Ft. <input style="width: 80px;" type="text"/>	

Accessory Uses: An accessory use may be located as close as five (5) feet to any side or rear lot line in any residential district. However, accessory uses shall not cover more than thirty percent (30 %) of a required rear yard.

A site plan must be attached or drawn on the page provided at a scale large enough for clarity showing the following information:

- A. Location and Dimensions of lot, buildings, driveways, and off street parking spaces
- B. Distance between buildings & front, side, and rear lot lines; principle buildings and accessory buildings; principle buildings on adjacent lots.
- C. Location of signs, easements, underground utilities, septic tanks, tile fields, water wells, etc.
- D. Any additional information as may reasonably be required by the Zoning Administrator and applicable sections of the Zoning Ordinance.

THIS SECTION MUST BE COMPLETED TO ISSUE A BUILDING / ZONING PERMIT

LOT

Width:
 Depth:
 Area:

BUILDING

Length:
 Width:
 Floor Area:

DISTANCE: Ft. from front property line to building
 Ft. from rear property line to building
 Ft. from left side property line to building
 Ft. from right side property line to building

Property Tax I.D. #

Est. Building Value

Application is hereby made for a Temporary Certificate of Zoning Compliance, as required under the Zoning Ordinance of Breese, for the erection, moving, alteration and use of buildings and premises. In making this application the applicant represents all of the above statements and any attached maps and/or drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit issued may be revoked without notice on any breach of representation or conditions. Changes in plans or specifications shall not be made without written approval of the appropriate City Officials. Failure to comply with the above shall constitute a violation of the provisions of the City of Breese Zoning Ordinance.

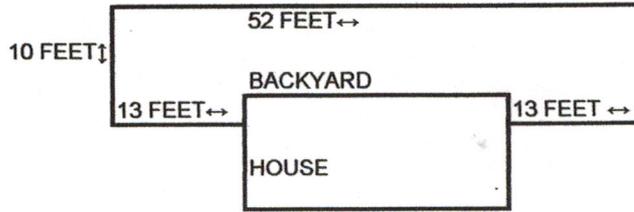
It is understood that any permit issued on this application will not grant right or privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Ordinance, or by other ordinances, codes or regulations of the City of Breese.

Applicant: _____

SITE PLAN

DRAWING DOES NOT HAVE TO BE TO SCALE

EXAMPLE ONLY



SCALE _____ Inches = _____ Feet

OFFICE USE ONLY

Date Received: _____

Inspection(s) Required: Y / N

Approved: Y / N Date: _____

Fee Collected: \$ _____

The plans and specifications submitted with this application are in conformity with the Zoning District Requirements applicable to the subject property.

Permit issued this day ____ day of _____, _____

Building Code Official