



Upper Salford Township

P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

ZONING PERMIT APPLICATION FACT SHEET

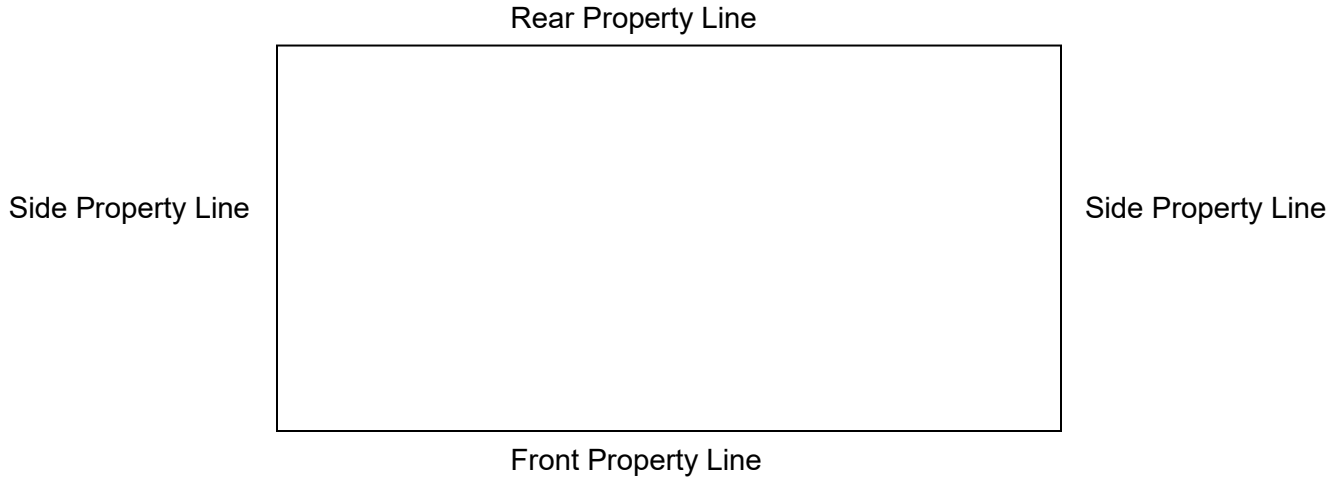
Fence Construction

(For fences 6 ft. or less in height only)

Municipality Upper Salford Township
Name _____
Phone No. _____
Address _____
Email _____
Subdivision _____ Lot No. _____

Contractor _____
Phone No. _____
Address _____
Cell No. _____
Estimated Cost _____

- I. Complete the diagram. Show setback lines for existing structures – building, etc. and proposed fence construction. **Fence cannot be placed in any easements. NOTE: If applicable, you must show location of on-lot septic system.**



- II. **Fence:**
- Type of Fence: Split Rail Privacy Fence Chain Link Other _____
 - Proposed Fence Height: _____ ft. _____ in.
 - Distance fence will be from property lines: _____ ft. _____ in.

Note: No fence can be installed in any Utility and/or Drainage Easement.

FINAL INSPECTION REQUIRED - CALL TECHNICON ENTERPRISES INC., II (610)286-1622

APPLICANT DATE

CODE ENFORCEMENT/ZONING OFFICER APPROVAL DATE

INSPECTION APPROVED INSPECTION DISAPPROVED INSPECTION DATE: _____

Issue Date _____
Tax Parcel No. _____
Permit Fee _____
Expiration Date _____

Zoning District: _____
Permit Number: _____