CITY OF NEW KENSINGTON

Fence/Wall Permit Application

$35.00 Fee Make checks payable to "City of New Kensington"

APPLICANT		OWNER'S	
Name:	_____	**Name:**	_____
Address:	_____	**Address:**	_____
Phone:	_____	**Phone:**	_____

TAX MAP NUMBER: 24-____-____-_____

APPLICATION FOR (Check One) _____ **FENCE** _____ **WALL**

DO YOU OWN YOUR OWN HOME? _____ **YES** _____ **NO**

***** If you rent you must provide written permission from your landlord authorizing the construction of this fence/wall.**

Height of fence/wall: _____

Type of construction fence/wall: _____

Reason for fence/wall:

_____

_____

_____

_____

City Zoning requirement permit fences and walls not to exceed 6ft on side and rear yards. Front yards shall be no higher than 4ft. All gates must open "in". The finished side off fence must face out with no posts visible any fence/wall above 6ft requires a zoning variance.

PLEASE PROVIDE A SKETCH OF YOUR PROPERTY INCLUDING THE PROPOSED FENCED/WALL