

City of Glenns Ferry Fence Application

110 East 2nd Avenue ~ P. O. Box 910 ~ Glenns Ferry, ID 83623
208-366-7418 ~ fax 208-366-2238 ~ Bid Insp 208-580-3832



Receipt#: _____ Fee: \$ 0 _____ Date: _____

1. Property Owner: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor Registration Number: _____

2. Property/Permit Address _____

3. Material of Fence: _____ Fence Height: _____

4. Valuation of Project: _____

Draw a site plan below that show the following items:

*Streets, Alleys, Sidewalks & Driveways

*Location of structures and property lines

*Vision Triangle

*Location of existing fences & retaining walls

By signing this application, you are aware that it is your responsibility to verify the property line locations.

Your fence must be placed on your property. PLEASE CALL DIG LINE AT 811 BEFORE YOU DIG.

I, hereby, understand this application must be approved and signed off by all Departments as listed on page 3, prior to the start of work.

Signature: _____

Date: _____

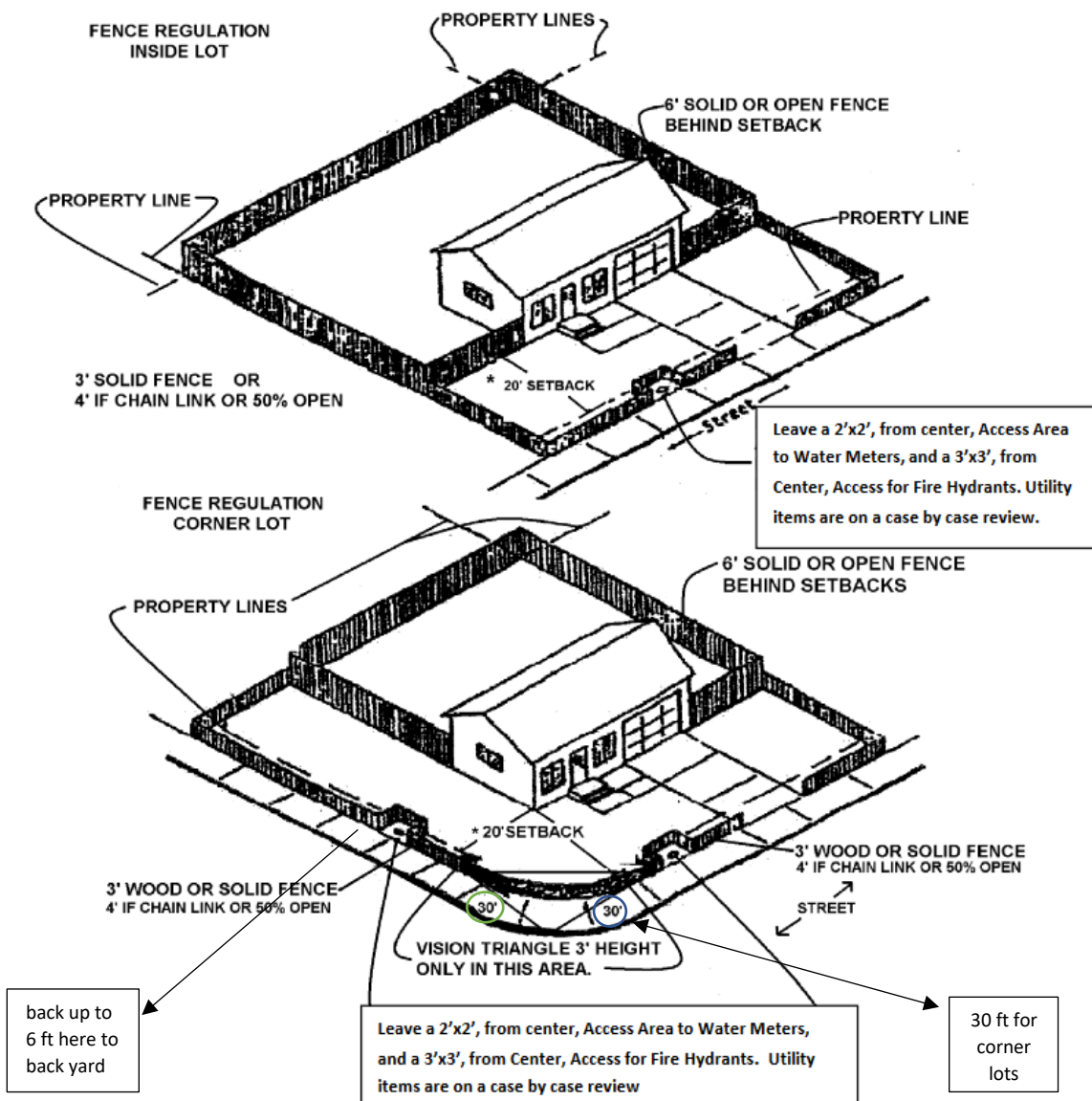
Staff Comments:

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FENCE REGULATION



***SETBACKS MAY VARY**

WITH EACH ZONING DISTRICT

FENCES FROM STREET

R-1:	25 ft.
R-2:	25 ft.
R-3:	20 ft.
R-4:	25 ft.

OFFICE NOTES:

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For Office Use Only

APPROVAL SIGN-OFF:

Planning/Zoning _____ Date _____

Public Works _____ Date _____

Fire Department _____ Date _____

Building Inspector _____ Date _____

Mayor Sign Off _____ Date _____