



Brunswick Hills Township
1918 Pearl Road, Brunswick, Ohio 44212-3202
Medina County

APPLICATION FOR A FENCE PERMIT

Zoning Certificate Number- _____ - _____

The undersigned hereby applies to Brunswick Hills Township, Medina County, Ohio for a fence zoning certificate. The Zoning Certificate to be issued on the basis of the information contained within this application and its attachments submitted to the office of the Zoning Inspector.

Owner's Name _____ Phone: _____

Mailing Address _____

Location of Lot _____ Sub Lot # _____

Permanent Parcel Number (**required**): _____

Zoning District: _____ When is the fence being installed? _____

Existing Use of Bldg. and/or lot: _____

Total length of Proposed Fence: _____ Height _____ Feet

Cost of Fence \$ _____ Type of Fence: _____

Is the fence line staked out _____

**FINISHED SIDE MUST BE TO YOUR NEIGHBOR
FENCE HEIGHT CAN NOT EXCEED 6' FROM GROUND**

Please leave at least 6" of clearance from surrounding property lot lines for fence maintenance.
It is understood and agreed that any error, misstatement, misrepresentation of fact or expression of fact, whether intended or not, that would cause a zoning certificate to be issued, that would otherwise be denied, shall constitute sufficient ground for revocation of zoning certificate at any time. The applicant hereby certifies that all information in this application and its attachments are true and correct. **Construction hours are Monday-Saturday 8 AM-6 PM. No Sunday or Holiday hours.**

For any fence project other than backyard containment, refer to Zoning Resolution Sec. 303-6-H-1-5

The Zoning Permit resulting from this application shall become null and void six (6) months from the date of issue unless construction has started. At which time an extension permit shall be applied for from the Zoning Inspector.

Signature of Applicant _____ Date _____ Date Received _____

Fee Paid: \$ _____ Check No. _____ Date of Action _____

Approved _____ Denied: _____ Reason: _____

Signature of Brunswick Hills Zoning Inspector: _____ Date _____