

SOLON TOWNSHIP  
15185 ALGOMA AVE NE  
CEDAR SPRINGS, MI 49319



PERMIT NO: \_\_\_\_\_

PHONE: 616-696-1718  
FAX: 616-696-3970  
www.solontwp.org

## FENCE PERMIT APPLICATION

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

LOCATION ADDRESS/PARCEL #: \_\_\_\_\_  
: 41-02-\_\_\_\_ - \_\_\_\_ - \_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF PROPOSED FENCE: \_\_\_\_\_

HEIGHT OF PROPOSED FENCE: \_\_\_\_\_

### This Application must include a scale drawing showing the following:

- A. Site Plan showing location and relationship to existing building, structure, or lot including setbacks from lot lines and elevations.
- B. Fence plans and specifications with method of construction and attachment to structures or ground.

**\* Agreement for property owner to maintain both side of fence.** ☐ YES

**WORK STARTED WITHOUT PERMIT IS SUBJECT TO DOUBLE PERMIT FEES PAYABLE  
TO SOLON TOWNSHIP PRIOR TO PERMIT ISSUANCE**

**A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN  
SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION.**

**CLOSED AND/OR CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED**

*The Zoning Administrator may request additional specifications or documentation to determine compliance with Solon Township Ordinances. Applicants must comply with Solon Township Fence Ordinances.*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

ZONING OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Application Approved: ☐ Yes ☐ No Comment: \_\_\_\_\_

BUILDING OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Application Approved: ☐ Yes ☐ No Comment: \_\_\_\_\_

ZONING FEE: \$ 50.00 \_\_\_\_\_

- No Building Inspection Required

CONT. REG. FEE: \$ \_\_\_\_\_

TOTAL FEE PAID: \$ \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_