

VILLAGE OF PORT WASHINGTON NORTH

71 Old Shore Road
Port Washington, New York 11050
Tel: 516-883-5900 Fax: 516-883-5926
portwashingtonnorth.org

Date Approved_____

Permit #_____

Disapproved a/c_____

Date Paid_____

Inspector_____

APPLICATION FOR FENCE PERMIT

The undersigned does hereby apply for a permit for the following:

Location_____

Section_____Block_____Lot_____

Material & Height_____

Name & Address of Installer_____

Proof of Notification to Utility Call Center (800-272-4480) #_____

2 Property Plans or Surveys indicating major structures and proposed location

Workers Compensation Insurance

\$500,000 Liability Insurance

Owner's Affidavit or Final Survey

Fee \$175 for new fence or \$150 for replacement fence

Applicant's Signature_____ Applicant's Name_____

Address_____ Phone_____

Owner's Signature_____ Owner's Name_____

Address_____ Phone_____