

VILLAGE OF PORT WASHINGTON NORTH

3 Pleasant Avenue
Port Washington, New York 11050
Tel: 516-883-5900 Fax: 516-883-5926
portwashingtonnorth.org

Date Approved _____

Permit # _____

Denial Basis _____

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 (811) # _____

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 _____

Applicant's Email _____

Address _____ Phone _____

Owner's Signature _____ Owner's Name _____

Owner's Email _____

Address _____ Phone _____