

# Town of Orchard Park

Date: \_\_\_\_\_

BUILDING INSPECTOR'S OFFICE  
S 4295 South Buffalo Street  
Orchard Park, New York 14127-2609



Phone: 716-662-6430  
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www.orchardparkny.org

## Fence Permit Application

Address: \_\_\_\_\_ Zone: \_\_\_\_\_

Value of Project: \_\_\_\_\_ S.B.L # \_\_\_\_\_ Lot No \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fence

### Requirements Prior to Issuance of Permit:

1. Survey of Property indication Location of Proposed Fence
2. Proof of Valid Insurance (Disability and Worker Compensation or NYS Exemption)

**Fence Location:**  Front Yard  Side Yard  Rear Yard

**Fence Use:**  Decorative  Privacy  Retaining Wall  Pool

**Fence Style:**  Solid  Picket  Ornamental  Chain Link

**Fence Material:**  Wood  Vinyl  Brick/Stone  Wrought Iron  Steel

**Fence Height:** \_\_\_\_\_ **Date Work Will Begin:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

Applicant hereby affirms that all work shall be performed in accordance with applicable codes, regulations, and manufacturer's installation instructions and authorizes the Code Enforcement Officer(s) to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Property Owner: \_\_\_\_\_  
Print and Sign

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Letter of Authorization Submitted

Town Clerk Stamp

Official Use Only:

Items supplied:  2 Sets of Plans  Survey  Disability \_\_\_\_\_  
 Workers Compensation \_\_\_\_\_  Insurance Waiver \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Issued: \_\_\_\_\_

Permit #: \_\_\_\_\_ Permit Fee \_\_\_\_\_ + Additional Fee \_\_\_\_\_ = \_\_\_\_\_