



# Borough of Mars

598 Spring Ave.  
Ph: (724) 625-1858  
Fax: (724) 625-4065

## Fence Permit Application

Type of fence to be installed: Wood \_\_\_\_\_ Vinyl \_\_\_\_\_ Chain link \_\_\_\_\_ Other \_\_\_\_\_

NEW \_\_\_\_\_ REPLACE \_\_\_\_\_ REPAIR \_\_\_\_\_ DEMOLISH \_\_\_\_\_

DESCRIPTION OF FENCE: \_\_\_\_\_

STREET ADDRESS WHERE FENCE WILL BE INSTALLED: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

ARE THERE OTHER FENCES ON PROPERTY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, DESCRIBE SIZES: \_\_\_\_\_

LOCATION OF FENCE: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ LEFT SIDE \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_ YARD

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ CONSTRUCTION COST: \$ \_\_\_\_\_

SKETCH OF PROPOSED LOCATIOON OF FENCE (SHOW LOCATION OF BUILDINGS)

FOR OFFICIAL USE ONLY

FEE:\$ \_\_\_\_\_ CHECK NO. \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ R ECIEVED BY \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING CODE OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE TO THE BOROUGH OF MARS**

**MAIL TO PO BOX 395, MARS, PA 16046-0395**