

ADMINISTRATIVE FENCE APPLICATION

Eureka Township / 25043 Cedar Avenue, Farmington MN 55024
Phone: (952) 469-3736 / Email: deputyclerk@eurekatownship-mn.us

SITE INFORMATION Eureka Township		PIN#	
Site Address:		City	
		Zip	
PROPERTY OWNER INFORMATION			
Name		Email	
Address		Phone	
City		State	
		Zip	
CONTRACTOR INFORMATION			
Applicant Name		License Number	
Contact Person		Email	
Address		City	
		State	
Cell Phone		Day Time Phone	
		Fax	
TYPE OF WORK: (CHECK ONE ONLY)			
<input type="checkbox"/> New Fence		<input type="checkbox"/> Corner Lot Fence (must not block intersection sight lines)	
<input type="checkbox"/> Security Fence		<input type="checkbox"/> Circle one: Boundary Fence, Survey, Monument, Recorded Agreement	
TYPE OF STRUCTURE(S): (CHECK ALL THAT APPLY – IF STRUCTURES ARE ON SEPARATE PARCELS, USE A SEPARATE FORM)			
<input type="checkbox"/> Fence Materials: _____		Fence Height: _____ linear ft.	
<input type="checkbox"/> Decay Resistant Lumber		<input type="checkbox"/> Residential	
<input type="checkbox"/> Corrosion Protected Link Fencing		<input type="checkbox"/> Commercial	
<input type="checkbox"/> Other (Requires Town Board Approval) _____			
PROJECT DETAILS			
Start date: _____		Estimated completion date: _____	
<input type="checkbox"/> Site Plan			
Project Description:			

Applicant hereby agrees that, upon issuance of this permit, all work shall be done and all materials used shall be in compliance with all applicable township, city and county ordinances. The applicant agrees to abide by all zoning regulations and to utilize this structure for its permitted use. Signature of this application by the legal property owner or owner's representative is required and authorizes the Township Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice.

The property owner agrees to pay all plan review fees even if he/she chooses not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection will be subject to penalty.

Signature of Applicant:	Date:
Printed Name of Applicant:	

Township Use Only

Deputy Clerk: _____ **Date:** _____

Complete **Date:** _____ Incomplete **Notification sent:** _____

Notes:

Zoning Administrator: _____ **Date:** _____

Application Fee \$

Date Paid:

Receipt #

Cash Check #

Permit Valuation	
Inspection Fee	\$
Other	\$
Total Fees	\$

Special Conditions of Permit:

Town Board Road Supervisor Approval:

Signature

Date

Notes: