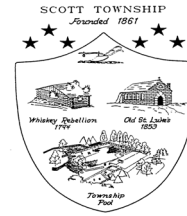


Fence Permit Application

Scott Township
301 Lindsay Road
Carnegie, PA. 15106
412-276-5300 Ext. 216



For Internal use only – to be completed by Code Enforcement Office

Zoning District _____ Lot & Block _____ Zoning Hearing Y / N Permit No. _____

Property Address _____

Property Owner _____

Owner Address _____ Zip Code _____

Owners Phone (contact #) _____

Contractor _____

Contractor Address _____ Zip Code _____

Contractor Phone (contact #) _____

IMPORTANT: All Fence Permit Applications must include Two (2) copies of an accurate property survey identifying the location, length and setback of the proposed fence.

NATURE OF PROPOSED FENCE:

HEIGHT: _____ Feet and _____ Inches LOCATION: Side yard _____ Rear Yard _____

Describe type of fence: *(Include fence material, design & example elevation view)*

NOTE: Solid fences are limited to a height of 4'-0". All fences (greater than 4'-0" high) must provide a 50% (minimum) open area from a height of 4'-0" to a height of 6'-0". No fences are permitted greater than 6'-0" in height.

Estimated Cost of Project: \$ _____

I hereby agree to be bound by the provisions of the ordinances, specifications, regulations and restrictions as may be imposed by Scott Township regarding this application. I verify that the statements made in this application are true and correct. I understand that any false statements herein are made subject to the criminal penalties of 18 Pa. C.S. as 4904, relating to unsworn falsification to authorities.

Property Owner's Signature

Date of Application

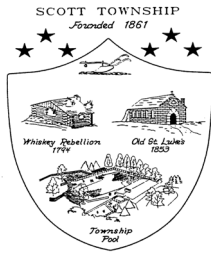
Print Property Owner's Name

For internal use only – to be completed by Code Enforcement office

Fee \$ _____

Code Enforcement Officer's Signature

Date Approval



Scott Township Verification of Payments

Note: This section is to be completed by the Property Owner and included with the permit application package. No permits will be approved if past due payments are owed.

Date: _____ **Lot/Block:** _____

Property Address: _____

Property Owner: _____

Owner's Street Address: _____

City/State: _____ **Zip Code:** _____

Owner's Phone Number: _____

Note: This section is to be verified and completed by the Tax Office:

Real Estate Taxes Paid: **Yes:** _____ **No:** _____

Sewer Bill Paid: **Yes:** _____ **No:** _____

Other Municipal Fees, Taxes
and/or Liens: **Yes:** _____ **No:** _____

Earned Income Taxes Paid: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____

Note: The Tax Office is to also validate the above information with the Delinquent Tax Collector and the Act 511 Tax Collector

Other Fees, Charges,
Judgements and/or Liens: **Yes:** _____ **No:** _____

Verified By: _____ **Date:** _____