



City of Sycamore
Building Department
 541 DeKalb Ave.
 Sycamore, IL 60178
 T#: 815-895-4434
 F#: 815-895-7572
www.cityofsycamore.com

For Office Use Only	
Permit No.:	_____
Zoning Dist.:	_____
Date:	_____
Fee: \$	_____

FENCE PERMIT APPLICATION

(Print Clearly)

This two (2) page application **MUST BE LEGIBLE, COMPLETE and ACCURATE.** Failure to do so will result in the rejection of the application and non-issuance of a City of Sycamore permit.

SITE DATA					
SITE ADDRESS	_____				
TAX PARCEL #	_____	LOT	_____	SUBDIVISION	_____
ESTIMATED COST	\$ _____	TYPE OF PROPOSED FENCE	_____	HEIGHT OF PROPOSED FENCE	_____

PROPERTY OWNER INFORMATION - CHECK IF APPLICANT <input type="checkbox"/>					
OWNER	_____				
OWNER ADDRESS	_____	CITY/STATE/ZIP	_____		
DAY PHONE	_____	CELL	_____	FAX	_____

NOTICE TO APPLICANT

It is the applicant's responsibility to determine the exact location of all property pins, in order that the proposed fence is properly located with respect to the property lines. No changes in the location, height or type of fence shown on this application may be made without first contacting the Building Department at (815) 895-4434.

CONTRACTOR INFORMATION- CHECK IF APPLICANT <input type="checkbox"/>					
COMPANY	_____				
CONTACT NAME	_____				
ADDRESS	_____	CITY/STATE/ZIP	_____		
DAY PHONE	_____	CELL	_____	FAX	_____

ORIGINAL SIGNATURES REQUIRED – FACSIMILES OR COPIES WILL NOT BE ACCEPTED

I, the applicant, certify as owner or authorized agent of this project, do hereby certify that the proposed work has been authorized by the owner of record and that I have been authorized to complete this application on the owner(s) behalf and that the information contained in this application is true and correct including all dimensions shown on Drawing "A", and if a permit is issued to me, I agree to do or allow to be done only such work as herewith applied for and will conform to all of the codes, laws and ordinances of the City of Sycamore. I am familiar with the applicable ordinances and the provisions thereof and in signing this application do willingly become responsible for all work accomplished under the permit by all contractors, tradesmen and workmen and shall schedule all necessary inspections as they become due.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

DRAWING "A"

1. North direction arrow
2. Adjacent street(s)
3. Exact size of lot (show all dimensions)
4. All easements on said lot
5. Exact location of all existing buildings and structures (show distance to front, side, and rear property lines and distance between buildings and structures).
6. Exact location of proposed fence (use following symbol * _ * _ * _).

