

CITY OF MALTA
ZONING DEPARTMENT
APPLICATION FOR FENCE

DATE: _____

NAME: _____ PHONE #: _____

I hereby submit my applications to install a fence. I wish to build a _____
Type fence at _____ on lot _____, Block _____
Addition _____.
Fence height _____ feet. Is this a corner lot? _____. (See visibility attachment)

THE PURPOSE of this application is for the City to verify that the fence meets zoning requirements.

I agree to call **“Call Before You Dig”** at **1-800-424-5555** two days prior to any fence construction or digging of any kind, to mark location of any utility lines. (This is a free service)

A **site plan** must be attached. Plan must be drawn to scale. (See attached example)

IT IS THE RESPONSIBILITY OF THE APPLICANT TO VERIFY THE LOCATION OF ALL PROPERTY LINES. THE CITY ACCEPTS NO RESPONSIBILITY FOR THE VERIFICATION OF PROPERTY LINES IN DETERMINING SETBACKS AND/OR LOCATION OF FENCES. UNLESS LOCATED ON A CORNER LOT, ALL FENCES SHALL BE SETBACK OF CURB 5 FEET.

Applicant (Property owner must sign)

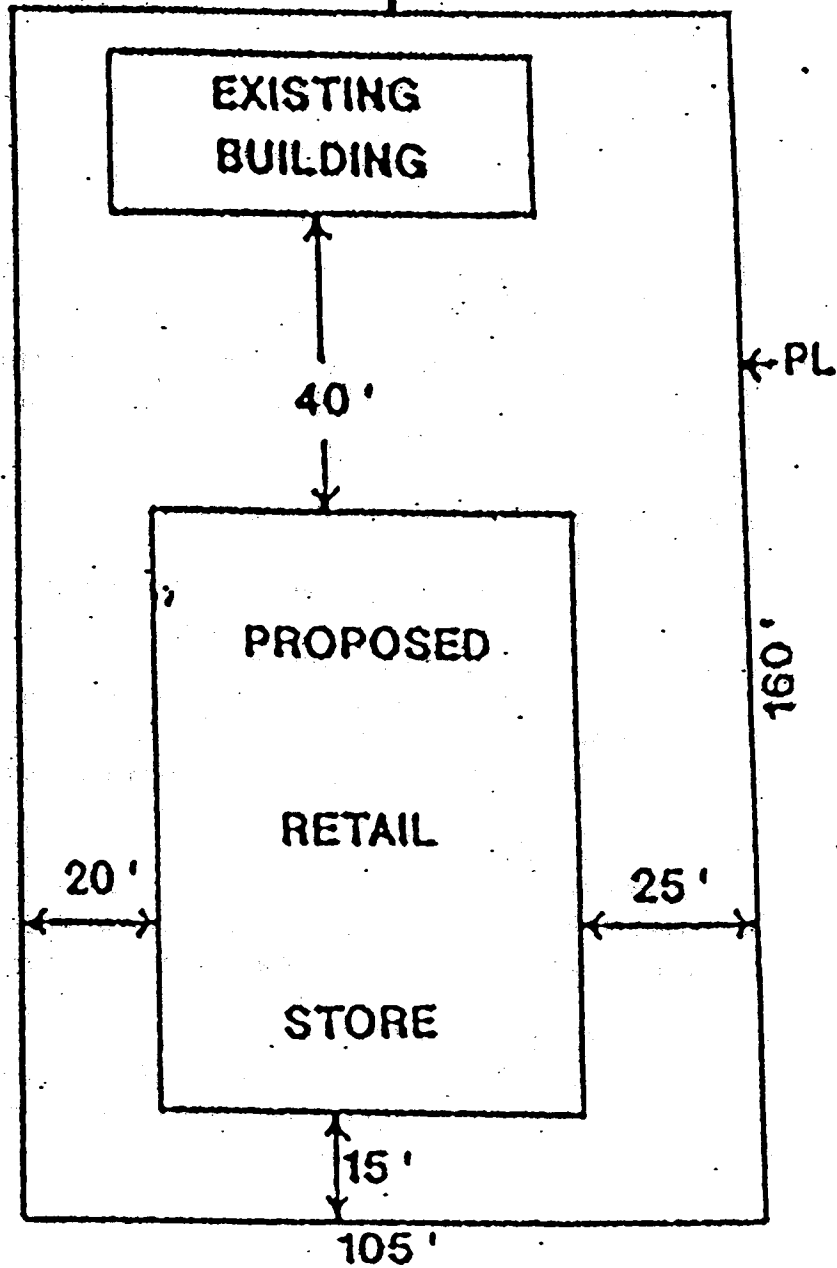
Investigated: _____
City Employee

Date: _____

Approved: _____
Zoning Administrator

Date: _____

Example



BUSINESS AVENUE

N.T.S.

EXAMPLE SITE PLAN