

Application for Fence Permit



604 E. Main Street, Suring, WI 54174
920-842-2333 FAX: 929-842-4521

ci.suring.wi.us
Email: suringclerk@ci.suring.wi.us

Date: _____ PERMIT # _____

Owner's Name: _____

Address: _____

E-Mail: _____

Telephone Number: _____ Cell Phone: _____

Physical Location of Proposed Fence: _____

Tax Parcel # _____ Est. Cost of Fence: \$ _____

Present Zoning: Residential ___ Business ___ Industrial ___

Proposed Fence Category:

Boundary ___ Security ___ Privacy ___ Special Purpose ___

What is the primary function of the proposed fence?

- Contain Pets
- Establish Boundary
- Create a Barrier
- Improve Looks of Yard
- Keep Kids Safe
- Provide Security
- Swimming Pool or Hot Tub
- Other
- Provide Privacy
- Wind or Noise Buffer

Fence Design or Additional Information: Submit drawing on back or attach one.

Applicant Signature: _____

Check # _____ or Cash Approved or denied by: _____

Date issued: _____