



No. \_\_\_\_\_  
\$30.00 FEE

**FENCE PERMIT APPLICATION**

**NOTE:** This application shall not be altered by an applicant except that additional sheets may be attached where there is insufficient space provided to complete the required information. Additional supporting material may accompany the application at the applicant's discretion. No section of the application can be waived without written justification, and such justification is deemed sufficient to warrant a waiver by the Department of Public Works.

PLEASE TYPE OR PRINT NEATLY

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATUS OF APPLICANT: \_\_\_\_\_  
(Owner, renter, potential owner, etc.)

PROPERTY OWNER (If not applicant):  
Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE : (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTE:** If the property owner(s) is (are) not the applicant(s), the owner(s) must sign the application.

LOCATION OF FENCE: \_\_\_\_\_  
(Address)

DESCRIPTION OF FENCE (Materials, size) FOR:

Front Yard: \_\_\_\_\_ Height: \_\_\_\_\_

Side Yards: \_\_\_\_\_ Height: \_\_\_\_\_

Rear Yard: \_\_\_\_\_ Height: \_\_\_\_\_

PURPOSE OF FENCE: (Privacy, security, aesthetics, other) \_\_\_\_\_

**CITY OF STERLING, CENTENNIAL SQUARE, 421 N. 4TH STREET, P.O. BOX 4000, STERLING, CO 80751-0400  
PHONE (970) 522-9700**

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**PLEASE SKETCH A PLAN SHOWING ALL PROPERTY LINES, SIDEWALKS, STREETS,  
ALLEYS, EASEMENTS, AND IMPROVEMENTS. ALSO, SKETCH THE PROPOSED  
FENCE, FREE-STANDING OR RETAINING WALL, OR HEDGE.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
PROPERTY or Authorized Agent (contractor)

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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FOR DEPARTMENT USE ONLY

APPLICATION FEE: \$30.00 PAID: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ FEE RECEIPT #: \_\_\_\_\_

LEGAL DESCRIPTION OF  
PROPERTY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ISSUED PERMIT #: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_