


VILLAGE OF BROOKLYN P.O. Box 189 210 Commercial Street Brooklyn WI 53521 Phone 608-455-4201 Fax 608-455-1385 www.brooklynwi.gov	FENCE PERMIT APPLICATION PERMIT # _____	ZONING ADMINISTRATOR ROB ROTH 608-697-5857 robert@rpsprofessionalsolutions.com VILLAGE BUILDING INSPECTOR DAVE GERATHS 608-697-7776 dgeraths@generalengineering.net
Owner's Name	Phone Number	Email address
Mailing Address		
Applicant's name if different than Owner	Phone Number	Email address
Mailing Address		
Building/site Address for Fence Location		
Type of Fence Material		
Height (specify inches/feet)	<input type="checkbox"/> NEW	<input type="checkbox"/> REPLACEMENT
Any special circumstances which should be considered:		
ANTICIPATED START DATE:		
In area below (or as an attachment) provide a site plan showing the shape of your lot with dash lines; house, garage and/or other buildings in approximate location, and proposed fence location with a solid line. Include dimensions from property line to fence, and the size/position of any existing and proposed gates.		
		
NOTE: It is the responsibility of the applicant and/or owner for location of the fence so that it is placed on the owner's property. Diggers Hotline (800-242-8511) shall be called prior to digging any holes.		
The owner/applicant agrees to comply with Section 117-1015 and all other applicable Ordinance requirements; understands that the issuance of the permit creates no legal liability on the Village and certifies that all of the submitted information is accurate.		
SIGNATURE OF OWNER _____		DATE _____
SIGNATURE OF ZONING ADMIN _____		DATE _____
SIGNATURE OF BUILDING INSPECTOR _____		DATE _____
ZONING CHARGE:	INSPECTION CHARGE:	TOTAL: