TOWN OF AULT FENCE PERMIT APPLICATION PER AMC 15.06

Date of Application	on:					
Applicant Name:						
Mailing Address:						
Physical Address:						
Telephone Number	er:					
Email Address:						
		FENCE	DETAILS			
Material(s) of fence:			Height(s) of fe	Height(s) of fence:		
Is this fence a repla	acement for an ex	isting fence	?			
Comments Regard	ding Fence Project	t:				
	REQU	IRED A	TTACHMEN	TS		
Map showing				es, exisisting structures, a	nd exact lengths.	
			eels may support th		C	
·				processing and inspection	ns costs.	
_	check, and credit/de			1 8 1		
Applicant Signature: Date:						
Office Use Or	•					
Application is: Approved Denied			ed			
Inspector's Signature:			Date:			
Inspections:	Approved	Denied	Completed by:	Date:		
If denied, please	e state reason:					
Specifications:						
opecinications:						
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