



## FENCE PERMIT APPLICATION

City of Schofield Zoning Department  
351 Alderson Street, Schofield, WI, 54476  
715.359.5230  
[mthuot@cityofschofield.org](mailto:mthuot@cityofschofield.org)

Application Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Use:  Residential  Commercial  Industrial

### FENCE AND LOT INFORMATION:

New Fence  Replacement Fence  Addition to Existing Fence

Fence Type:  Chain Link  Wood  Wrought Iron  Vinyl  Masonry Other \_\_\_\_\_

Location of Fence:  Front Yard  Rear Yard  Side Yard Is This a Corner Lot?  Yes

Height of Fence \_\_\_\_\_ Length of Fence \_\_\_\_\_

Lot Dimensions: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Cost of Project: \$ \_\_\_\_\_

Note: A site plan, showing where the proposed fence will be located on the property in relationship to all lot lines and buildings, including the height of the fence, shall be submitted with this application. The height shall be measured at grade. The property owner is responsible for proper placement of fencing.

### OWNER INFORMATION:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address (if different than property address) \_\_\_\_\_

Email Address \_\_\_\_\_

### CONTRACTOR INFORMATION (if applicable):

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** The City of Schofield does not provide surveying services for the location of property lines. It is the owner's responsibility to ensure that the fence is within their property lines. Property line disputes are not the City's responsibility and would result in a civil action. Fences are allowed to be placed on or behind the property lines, but in no case can the fencing extend over the property line.

**Application Fee: \$50.00**

### Applicant's Statement / Waiver:

I hereby certify that the above information is accurate and I agree to comply with all applicable codes and ordinances of the City of Schofield and with the conditions of this permit. I understand that I am responsible for locating fence on said property and certify that fence will not encroach onto public right-of-way, easements or neighboring properties; and that I am responsible for removal and replacement of fencing located in easement areas. The issuance of this permit creates no legal liability, express or implied, on the City the Schofield.

\_\_\_\_\_  
Date \_\_\_\_\_

Applicant's Signature

LEAVE BLANK -- FOR MUNICIPAL USE ONLY		
Date Application received:	Fee Received \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check: _____ <input type="checkbox"/> Credit Card
Fence Permit Application meets Zoning Ordinance Requirements: <input type="checkbox"/> YES <input type="checkbox"/> NO BY: _____ <input type="checkbox"/> <u>APPROVED</u> or <input type="checkbox"/> <u>DENIED</u> by City Council on: _____ (Date).	Taken By:	Date Paid:

## Site Plans

**Please attach or provide a site plan below:**