

**CITY OF ERIE
APPLICATION FOR FENCE INSTALLATION
BUREAU OF CODE ENFORCEMENT**

Permit #: _____	Date Issued: _____	Index #: _____
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Address: _____

Name of Applicant: _____

Owner: _____ **Tenant:** _____ **Contractor:** _____

Applicant Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Telephone:** _____

Email: _____

Name of Owner: _____

Owner Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Telephone:** _____

Email: _____

Job Description:

Cost of Construction: \$ _____

Location on the Property: _____

Height: _____ **Length:** _____

Fence Type: _____

Certificate of Insurance and Workers' Compensation is required to be on file in the City of Erie Code Enforcement Office for all Contractors.

Applicant Signature

Date

**Bureau of Code Enforcement
626 State Street, Room 407, Erie PA 16501
Ph: (814) 870-1473/ (814) 870-1313
Fax: (814) 870-1584**