



# Fence/Storage Shed Permit Application

Date Stamp

## City of Fairborn

Community Development · Building Inspection Division  
937-754-3050 · fax 937-754-3051

44 W. Hebble Ave · Fairborn, OH 45324  
E-Mail: bldginsp@ci.fairborn.oh.us

Project Address \_\_\_\_\_

Lot # \_\_\_\_\_ Parcel ID # \_\_\_\_\_ Subdivision \_\_\_\_\_

Zoning District \_\_\_\_\_ Flood Plain  Yes  No Wetlands  Yes  No

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax Number \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_ Email \_\_\_\_\_

1. Please include plot plan with application.
2. Fence shall be placed within the property lines.
3. Fence support posts shall face the inside .
4. 6' fence shall be placed in the rear yard only.
5. Shed cannot be placed on an easement.
6. Shed must be 3' from property lines and 10' from principal structure (house).
7. Shed must be anchored at opposite corners.
8. Consult plat covenants for restrictions.
9. Call for final inspection when complete.

**REMEMBER TO CALL 811 (OHIO UTILITIES PROTECTION SERVICE) BEFORE YOU DIG.**

**IT'S THE LAW.**

**CALL 48 HOURS BEFORE YOU DIG TO HAVE YOUR UNDERGROUND UTILITIES LOCATED.**

TYPE OF FENCE:  Pickett  Privacy  Split Rail  Other \_\_\_\_\_

FENCE MATERIAL  Wood  Chain Link  Vinyl  Other \_\_\_\_\_

HEIGHT OF FENCE \_\_\_\_\_

SIZE OF SHED \_\_\_\_\_ X \_\_\_\_\_ TOTAL SQ. FT. \_\_\_\_\_

COST OF CONSTRUCTION \$ \_\_\_\_\_

### APPLICANT AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all City Ordinances and State Laws regulating zoning and building construction, electric installation and/or heating and air conditioning installation. I agree to comply with approved drawings and keep approved drawings on the job site. I understand that any deviation from the approved plans must be authorized by the approval of the revised plans, subject to the same procedure established for the examination of the original plans, and that an additional fee may be charged, predicated on the extent of the variation from the original plans. I also acknowledge I am the property owner, or am authorized to act as the owner's agent in obtaining this permit. I acknowledge that permits with no inspection activity for 6 months shall be expired. Subsequent inspections will not be performed until permit has been renewed and payment of any additional fees has been completed. I understand that it is the responsibility of the owner/owner agent to call for all required inspections and that 24 hours notice is required for all inspections.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_