

BOROUGH OF HAWTHORNE
445 LAFAYETTE AVE.
HAWTHORNE, NJ 07506
Building Department
973-427-4889

FENCE APPLICATION

PERMIT# _____

DATE _____

BLOCK _____ LOT _____ ZONE _____

JOB ADDRESS _____

PROPERTY OWNER _____

ADDRESS _____

PHONE # _____

CONTRACTOR _____

ADDRESS _____

PHONE # _____

HEIGHT OF FENCE _____ HEIGHT OF POSTS _____

DOES THE FENCE SURROUND A POOL OR HOT TUB? YES _____ NO _____

NOTE: A PROPERTY SURVEY IS REQUIRED FOR ZONING REVIEW

I HEREBY CERTIFY THAT I AM THE OWNER/AGENT OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION.

BY SIGNING THIS FORM I ALSO MAKE KNOWN THAT I WILL NOT IN ANY WAY HOLD THE BOROUGH OF HAWTHORNE AND/OR THE BUILDING DEPARTMENT RESPONSIBLE IN ANY EVENT OF DISPUTE OVER BOUNDARIES.

SIGNATURE

ZONING APPROVAL _____

COST OF WORK \$ _____

PERMIT FEE \$ _____

PAYMENT: CASH _____
CHECK # _____

REMARKS _____

FINAL INSPECTION _____