



APPLICATION FOR FENCE INSTALLATION OR MODIFICATION

Home Owner Information

Home-Owner Name:
Lot Number:
Street Address:
Phone:
Email:

Contractor Information

Contractor (Business) Name:
Contact Name:
Phone Number:
Email:

Fence Information

Material: <input type="checkbox"/> powder-coated metal <input type="checkbox"/> wood <input type="checkbox"/> composite
Metal/Composite Brand or Type of Wood:
Color (specify paint brand & color#/name):
Fence Height:
Number of Gates:
Standard or Designer Gate:
Attaches to Existing Fence: (yes or no)

Required Information (Attach to Application)

	Property diagram showing house, fence & gate locations
	Drawing/Image of Gates/Designer Gates
	Drawing/Image of Fence Panels

Signature: _____ **Date:** _____

Approved by ACB on (date): _____ **Initials:** _____