



Zoning Permit Application
35 S Broadway, Peru, IN 46970
zoning@cityofperu.org
www.cityofperu.org
765-919-4127

For Staff Use Only

Submittal Date: _____

Complete Date: _____

Staff: _____

Case #: _____

FENCE ORDINANCE 151.080

APPLICANT/OWNER INFORMATION

APPLICANT NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY OWNERS _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PRIMARY POINT OF CONTACT: ☐ APPLICANT ☐ OWNER

PROPERTY INFORMATION

ADDRESS OR PROPERTY LOCATION: _____

PARCEL ID# _____

PROPOSED FENCE INFORMATION

MATERIAL OF FENCE: _____

VERTICAL HEIGHT: SIDES & REAR: _____ FRONT: _____

SETBACKS/DISTANCE: FRONT: _____ SIDES: EAST: _____ WEST: _____ BACK: _____

CONTRACTOR: _____ ☐ OWNER/SELF

ESTIMATED PROJECT COST: _____

SURVEY: ☐ NO ☐ YES DATE: _____

AERIAL VIEW OF PROPERTY WITH PROPOSED FENCE: ☐ YES ☐ NO

IS THE SITE MARKED FOR INSPECTION? ☐ YES ☐ NO

SIGN ON BACK SIDE



THIS SECTION FOR OFFICAL USE ONLY

FRONT PROPERTY LINE:

BACK PROPERTY LINE:

SIDE PROPERTY LINE:

APPLICANT SIGNATURE **Must be signed by ALL the following prior to issuance of permit.

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF PROP OWNER:

DATE:

SIGNATURE OF ZONING ADMIN:

DATE:

CASE NOTES:
