

TOWN OF LOWELL, INDIANA  
 BUILDING DEPARTMENT  
 PHONE: (219) 696-7794 EXT. 23  
 FAX: (219) 696-7796

FENCE WAIVER APPLICATION  
 PERMIT NO. 201 \_\_\_\_ - \_\_\_\_

DATES: RECEIVED: \_\_\_\_\_ APPROVED: \_\_\_\_\_

**Survey and Site Plan.** APPLICANT MUST ATTACH PLAT SURVEY ALONG WITH DETAILED SITE PLAN SHOWING PROPERTY BOUNDARIES AND ALL EASEMENTS, STRUCTURES, ABUTTING ROADS AND SPECIFIC LOCATION OF PROPOSED FENCE.

(Please Print or Type - Must be completed by Petitioner and signed by all property owners)

<b>Applicant:</b>	Name(s):			Phone:
	Street Address:			Fax:
	City:	State:	Zip:	Email:
<b>Location:</b>	Address where fence is to be erected:			Current Zoning: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
	Lot Number:	Subdivision:		
	Staked Survey attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Detail Site Plan Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Owner(s): Same as the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	Name(s):			Phone:
	Street Address:			Fax:
	City:	State:	Zip:	Email:
<b>Contractor: The Owners are the Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	Name:			Phone:
	Street Address:			Fax:
	City:	State:	Zip:	Email:
<b>IUPPS</b>	Contractor/Owner hereby certifies the Indiana Underground Plant Protection Services (IUPPS) will be contracted at 800-382-5544 or ( <a href="http://www.iupps.org">http://www.iupps.org</a> ) and provided all information relevant to this project at least 3 working days before construction of the fence begins. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Fence</b>	Type of Fence:	Will Fence be Located in any Easement? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, must obtain written permission from all non-town utilities before application will be processed or approved.		Easement Locations:
	Height:			Front Yard: <input type="checkbox"/> Yes <input type="checkbox"/> No Side Yard: <input type="checkbox"/> Yes <input type="checkbox"/> No Rear Yard: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Materials:</b> List the type of fencing materials that will be used for this project:			
<b>Owner liable for costs to remove fence from easement</b>	Owners hereby covenant and agree they will be responsible for and indemnify and hold the Town of Lowell harmless for all damages, attorney fees, expenses and costs related to the removal or reconstruction of the fence, and any damage to said fence, if the town or any other utility needs access at any time in the future to any easement that may be obstructed by or encroached upon by the fence or any of its appurtenances and agree to execute an appropriate covenant with the Town of Lowell that will run with the land and be recorded with the Lake County Recorder: <input type="checkbox"/> Yes <input type="checkbox"/> No			

