



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 _____

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 or side 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 _____