

CITY OF LEXINGTON
BUILDING DEPARTMENT

CITY OF LEXINGTON PO Box 70, Lexington, NE 68850 Phone: 308-324-2341 Ext. Fax: 308-324-4590

APPLICATION FOR FENCE CONSTRUCTION & REPLACEMENT

2004

OWNER

Name:		Mailing Address:			Unit #:
City:				State:	Zip:
Phone:	Fax:	Cell:	E-Mail:		

CONTRACTOR

Name:		Mailing Address:			Unit #:
City:				State:	Zip:
Phone:	Jobsite Phone:	City License No.:			

JOB SITE INFORMATION

Job Address:	Unit #:	Lot#:	Block:	Zoning:
Subdivision:		Flood Zone:		

Description & Location of work on premises/special conditions:

DIGGERS HOTLINE:
1-800-331-5666

FENCE INFORMATION

Fence Description	Fence Height	Items Required for Submittal
<input type="checkbox"/> Masonry Walls <input type="checkbox"/> Ornamental Iron <input type="checkbox"/> Woven Wire <input type="checkbox"/> Wood Plastic <input type="checkbox"/> Solid Wood or Plastic <input type="checkbox"/> Hedges <input type="checkbox"/> Lot size: _____	Estimated Cost \$: _____ <input type="checkbox"/> 36" High <input type="checkbox"/> 42" High <input type="checkbox"/> 48" High <input type="checkbox"/> 60" High <input type="checkbox"/> 72" High <input type="checkbox"/> Other: _____	<ul style="list-style-type: none"> ▪ Site Plan ▪ Legal Description ▪ Physical Address <p style="text-align: center;"><u>NOTE:</u> Show all types and height on site plan and compliance with clear vision.</p>

I hereby certify I have read and examined this application and corresponding documents.
 All provisions of laws and ordinances governing this work will be complied with, whether specified or not.

Authorized Signature: _____ Date: _____

OFFICE USE ONLY

Date Rec'd:	Issued By:	Est. Cost:	Fee Due:	<input type="checkbox"/> Paid
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