



Town of Ulster Building Department

584 East Chester Street Bypass

Kingston, New York 12401

Office: (845) 340-3884 Fax: (845) 340-3886

APPLICATION FOR A FENCE PERMIT

Application Number _____ Permit Number _____ \$50 Fee Paid on: _____

Approved by Building _____ Water _____ Sewer _____ Highway _____

1. Property Location and Information

Applicant's Name: _____ Applicant's Phone # _____

Owner's Name: _____ Email: _____

Location of Work: _____

Tax Map Number: _____

2. General Contractor:

Name: _____

Address: _____

Phone: _____ Email: _____

3. Type of fence: _____ Location of fence: _____

Height of fence: _____ Length of fence: _____

Replacing existing fence:

I, _____, the agent /applicant do hereby certify that the above statements are true to my knowledge and belief and that all work or installation shall be entirely within the boundaries of the subject lot. The undersigned is the responsible party for compliance with all regulations,

Applicant Signature

Date

A plot plan is required and should be submitted with application