APPLICATION FOR FENCE PERMIT/CERTIFICATE OF ZONING COMPLIANCE

City of Trenton

14 W Broadway 4-7323 Fax (618) 224-9136

Phone: (618) 224-7323

	Fee: <u>\$50.00</u>	Date:	Check#/Cash:
	If denied, cause	of denial:	
ess:			E-mail:
) Contractor:			Phone:
approved) of proposed const	ruction:		
ng your application is require scale, please include the follo zoning lot; e of all buildings (show overa hilding from all zoning lot lin ays and off-street parking spa ements (drainage and utility); prmation as may be reasonabl	ed. Please provide to owing: all dimensions of houses; aces (show distance by required by the C	the site plan drawir ouse including gara from lot lines and hief Building & Zo	ng on the back or on a separate page. nge if applicable); overall dimensions);
	, 20 	, 20 Permit fee to be Fee: <u>\$50.00</u> If denied, cause 	Fee: \$50.00 Date:

TEMPORARY CERTIFICATE OF ZONING COMPLIANCE

The plans and specifications submitted with this Application are in conformity with the zone district requirements applicable to the subject property. Changes in plans or specifications shall not be made without written approval of the appropriate City officials. Failure to comply with the above shall constitute a violation of the provisions of the City of Trenton Zoning Ordinance.

Dated: _____, 20____

Chief Building & Zoning Official, City of Trenton, Illinois