

**CITY OF CENTER LINE**  
**7070 E. TEN MILE RD**  
**CENTER LINE, MI 48015**  
**(586)757-6800**

**APPLICATION FOR FENCE PERMIT**

Date: \_\_\_\_\_

Location of work: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor City, State Zip: \_\_\_\_\_

Contractor Telephone #: \_\_\_\_\_

**APPLICATION TO INSTALL THE FOLLOWING:**

NEW	_____ feet	CHAIN LINK	_____
REPAIR	_____ feet	WOOD	_____
HEIGHT	_____ feet	MASONRY	_____
LENGTH	_____ feet	VINYL	_____

**\*SKETCH REQUIRED**

