

City of Spring Hill
 199 Town Center Parkway
 P.O. Box 789



Spring Hill, TN 37174
 Phone 931-486-2252 Ext. 211
 Fax: 931-486-3596

Application for Fence Permit

Property Owner & Location	Name: _____ Address: _____ City/State: _____ Zip: _____ Subdivision: _____ Lot# _____ County: _____ Contact #: _____
Contractor (leave blank if home owner is building fence)	Name: _____ Address: _____ City/State: _____ Zip: _____ Contact #: _____
Fence Type	<input type="checkbox"/> Residential Privacy <input type="checkbox"/> Commercial Enclosure <input type="checkbox"/> Commercial Buffer/ Screening
Fence Material & Size	<input type="checkbox"/> Chain Link <input type="checkbox"/> Wooden <input type="checkbox"/> Synthetic (PVC, Vinyl) <input type="checkbox"/> Fashioned Metal Length: _____ <input type="checkbox"/> Other: _____ <div style="float: right; text-align: right;"> Fence Height: _____ (Maximum 6') Fence (Approx. Linear Footage) </div>

***required items for fence permits:**

1. A survey/plot plan showing location of the fence and gates on the property must be attached to application
2. Approval of this permit shows that all **City of Spring Hill** requirements have been met. **It does not constitute subdivision or HOA approval.**
3. Finished side of Fence must face out.

Please check one:

I herby certify by signing this application that:

____ I have been approached by a Codes Officer or other City Official pertaining to this matter in person, by letter, by phone or citation issued.

____ I have not been approached by a Codes Officer or other City Official pertaining to this matter in person, by letter, by phone, or citation issued.

 Applicant Signature

 Date

 City Staff Signature

 Date