

FENCE	<ul style="list-style-type: none"> Fences may not be located in drainage easements. Fences may be located in utility easements. However, if the easement needs to be accessed, the fence shall be removed at the owner's expense. For fence height and other requirements please refer to the "Citizen's Guide" on Fences. Copies are available at City Hall.
	Lot Type: <input type="checkbox"/> Inner Lot <input type="checkbox"/> Corner Lot
	Fence Location on Property: <input type="checkbox"/> Front Yard <input type="checkbox"/> Side Yard <input type="checkbox"/> Rear Yard
	Fence Material: <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Chain-link <input type="checkbox"/> Other, please specify: _____ Fence Height: _____ Estimated cost of construction: _____

SIGN	<ul style="list-style-type: none"> No sign, including banners, shall be located in the right-of-way or the sight triangle.
	Sign Type Check all that apply:
	<input type="checkbox"/> Ground <input type="checkbox"/> Wall <input type="checkbox"/> Temporary Ground <input type="checkbox"/> Banner <input type="checkbox"/> Portable <input type="checkbox"/> Pole <input type="checkbox"/> Other, please specify: _____
	Quantity: _____ Size: _____ Height above ground: _____ Will the sign have electrical service: <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated cost of construction: _____

CONTRACTORS

- All General Contractors must have a current City of Bolivar Business License. Sub-Contractors may operate under GC business license only for work GC oversees.
- Beginning April 22, 2010, all contractors renovating pre-1978 construction must be EPA Lead-Safe Certified.

GENERAL	Name: _____	Phone Number: _____	Lead-Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: _____	Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No	License #: _____
ELECTRICAL	Name: _____	Phone Number: _____	Lead-Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: _____	Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No	License #: _____
PLUMBING	Name: _____	Phone Number: _____	Lead-Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: _____	Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No	License #: _____
MECHANICAL	Name: _____	Phone Number: _____	Lead-Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: _____	Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No	License #: _____
SIGN/FENCE	Name: _____	Phone Number: _____	Lead-Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: _____	Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No	License #: _____

OFFICE USE ONLY

Parcel Number: _____

Subdivision: _____ Block: _____ Lot: _____

Zoning District: _____ Flood Zone: _____ Required Parking: _____

Lot: Inner Lot Corner Lot Type of Street: Arterial Local Collector

Property Setbacks: Front: _____ Left Side: _____ Right Side: _____ Rear: _____

Project Setbacks: Front: _____ Left Side: _____ Right Side: _____ Rear: _____

Easements: _____

Notes: _____

Landscaping: Y N Stormwater Detention: Y N Plans & Specifications submitted: Y N