



1 E First Ave., Ste 3  
Malvern, PA 19355

### **Fence Permit Application**

Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_ Fee: \_\_\_\_\_ (\$75.00)

Property Location: \_\_\_\_\_ UPI No.: \_\_\_\_\_ Zoning: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Applicant (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contractor Email: \_\_\_\_\_ Registration #: \_\_\_\_\_

Type of fence Proposed: \_\_\_\_\_ Height (Side / Rear Yard): \_\_\_\_\_ (Front): \_\_\_\_\_

Project Cost: \_\_\_\_\_

**Note: Fences in front yards may not exceed 3 ½ ft in height. Corner lots have two (2) front yards.**

Does the proposed fence cross an existing easement, wetland, or other site-restricted area? \_\_\_\_\_

**A plot plan showing property lines, buildings, driveway, sidewalks and location of the proposed fence shall accompany this application when submitted or permit will not be approved.**

#### **General Requirements**

1. If the proposed fence crosses an existing easement area an Easement Agreement shall be Executed, recorded and a copy provided with this application.
2. Fences associated with specific uses shall meet the requirements of the Malvern Borough Zoning Ordinance.
3. Finished side of fence must face outward.
4. Fences may be located up to the property line but shall not be located on the line.
5. Fences associated with residential pools shall meet the requirements of the 2015 International Swimming Pool and Spa Code and Pennsylvania Uniform Construction Code.
6. Fences associated with commercial pools shall meet the requirements of the 2015 International Swimming Pool and Spa Code and Pennsylvania Uniform Construction Code.
7. Applicant shall notify Malvern Borough after the fence is installed to schedule a site inspection.

Approved: Yes: \_\_\_\_ No: \_\_\_\_ Code Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ If no – Plan Review Notes / ZHB Application provided: Yes: \_\_\_\_

Site Inspection Date: \_\_\_\_\_ Final Inspection Passed: \_\_\_\_\_ Failed: \_\_\_\_\_ Inspector: \_\_\_\_\_

If failed, explain: \_\_\_\_\_

Reinspection: \_\_\_\_\_