Village of Minerva

209 N. Market St. Minerva, OH 44657 (330) 868-7705

FENCE PERMIT

Permit #:_____

\$ 30.00 Fee

Applic	ation is	s hereby made for a fence permit for the prop	erty described below:						
1)	APPLICANT INFORMATION: NAME OF APPLICANT: ADDRESS & PHONE NUMBER:								
	OWN	ER RENTER	(CHECK ONE)						
	NAME	NAME AND ADDRESS OF PROPERTY OWNER IF DIFFERENT FROM ABOVE:							
	SERVICE AND AUTOCOCCUS								
2)	LEGAL DESCRIPTION OF PROPERTY: (Include copy of plat of property noting accurate locations of any structures in relation to boundaries, street right of ways, alleys and adjacent lot lines.) Show on the plat the proposed location of the fence.								
	A) STREET ADDRESS:								
	B) LOT SIZE:								
3)		PROPOSED FENCE TYPE (MUST INCLUDE AN EXAMPLE OR PHOTO): (Chain link is not approved for front yard use)							
		_BRICK _ STOCKADE _ SPLIT RAIL _ STONE	PICKET CHAIN LINK VEGETATION SHRUBBERY/ PLANTING SCREEN OTHER (SPECIFY)						
	A) PROPEROSED FENCE HEIGHT (Fences must be no more than 3' in front yards or 7' in rear yards)								
	B)	PROPOSED LENGTH							

	C)	C) PROPOSED SETBACK FROM STREETS, ALLEYS OR ADJOINING PROPERTY LINES (Fences must be minimum of 2 feet from property lines, street or alleyway. Please include front, both sides and rear lot measurements.)								
		Front:				- Anna Anna Anna Anna Anna Anna Anna Ann				
		Side 1:	Side 2:			normal material and a second				
		D) COLOR OF FENCE:	***************************************							
	(Fences shall be of a neutral color of white, tan, light grey, red wood stained, brown or light brown or some variation thereof.)									
	E) TYPE OF FENCING MATERIAL:									
		4) NAME AND ADDRESS OF CON	TRACTOR:			The same of the sa				
As the Applicant, I have received a copy of Ordinance No. 15-13 and have agreed to comply with all rules and regulations stated in said Ordinance, including, but not limited to, fence height, setback requirements, fencing material allowed and permitted fence color.										
										APPLIC
	DATE:									
		OFFIC	E USE ONLY							
PERMIT NUMBER										
Date P	aid:	Receipt No	T-Arino management of the state	☐ Cash	☐ CC	Check				
Approved by:				Date						

7/9/2025 V 1.0