



"Small Town Living/World Class technology"

FENCE WAIVER FORM

A SIGNED WAIVER FORM IS REQUIRED FROM EACH ABUTTING PROPERTY OWNER

(Please PRINT)

APPLICANT / OWNER: _____

APPLICANT ADDRESS: _____

PROJECT ADDRESS: _____

Address where fence will be constructed

ABUTTING NEIGHBOR INFORMATION:

NAME(s): _____

ADDRESS: _____ Jackson, WI 53037

PHONE: _____ Home / Mobile / Office

EMAIL: _____

I/We have reviewed the submitted site plan identifying the fence location and fence design and hereby (APPROVE) (DO NOT APPROVE) of the proposed fence.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

If you do not approve of this proposal, please state the reason(s) in the space below:

Return Completed Form to:

Jackson Building Inspection Dept.

Phone: (262) 677-9696

Email: bldginsp@villageofjackson.com

Notice to Applicant & Abutting Property Owner(s): All waiver forms **MUST** be submitted along with the completed building permit application. Failure to submit all necessary forms will delay processing and issuance of the permit.

W197N16660
Eagle Drive
Jackson, WI 53037
Phone: 262-677-0707
Fax: 262-677-8770

Mailing Address:
P.O. Box 637

www.villageofjackson.com