

Fence Application

RAVENNA TOWNSHIP ZONING

6115 S. Spring Street
Ravenna, Ohio 44266
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www.ravennatownship.com

Township Use Only:

Parcel # _____
Date Received: _____
Zoning District _____
Certificate # _____
Fee Paid _____

Date _____ Project Cost \$ _____

Property Address _____

Property Owner _____

Mailing Address _____

Email Address _____ Phone Number _____

Applicant _____ Name of Business _____

Contact information for Applicant, if different than Property Owner:

Name: _____

Mailing Address _____

Email Address _____ Phone Number _____

Total Length: _____ feet Height: _____ feet (at highest point)

Fencing Material: _____ Temporary fence? _____

Size of Lot: _____ feet wide, _____ feet deep, Area: _____ sq. Ft.

Location on Property, height and total length of proposed fence:

Front: Height _____ Length _____

Side: Height _____ Length _____

Side: Height _____ Length _____

Rear: Height _____ Length _____

Location: _____ feet off property line (can be no closer than 1ft to property line)

