



**COUNTY OF TAZEWELL  
DEPARTMENT OF COMMUNITY DEVELOPMENT**

**11 South 4<sup>th</sup> Street, Room 400, Pekin, Illinois 61554**

**Phone: (309) 477-2235 Fax: (309) 477-2358 Email: zoning@tazewell-il.gov**

**Jaclynn Workman, Community Development Administrator**

**FENCE PERMIT APPLICATION**

PROPERTY OWNER NAME & ADDRESS

CONTRACTOR NAME & ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

SITE PARCEL ID NUMBER: \_\_\_\_\_

SITE 911 ADDRESS: \_\_\_\_\_

**PROJECT INFORMATION:**

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

Fence Type: Chain Link  Picket  Wood  Vinyl  Other  (Describe) \_\_\_\_\_

Fence Height: \_\_\_\_\_ Is the property a corner Lot? Yes  No

Will the fence be used as a barrier for a swimming pool? (5' minimum height for all Pool Barrier Fences) Yes  No

**FENCE REGULATIONS:**

By signing below the authorized applicant/property owner attests that construction of the fence will abide by the following Zoning Code requirements:

1. **All solid fences shall be constructed with the finished (good) side facing the neighboring property.**
2. Fences may be placed up to a property line provided that fences shall not encroach into rights-of-ways.
3. Fences will not be constructed within dedicated drainage easements.
4. Any fence installed within a dedicated easement are at the owner's risk.
5. Barbed wire and electric fences shall be located not less than ten (10) feet from Residential District boundary lines. Barbed-wire and electric fences shall not be located in any Residential District.
6. Community Development will be contacted upon fence completion to conduct a Final Inspection.

**The authorized applicant/property owner's signature below hereby attests:** Owner/Applicant attests that all information contained herein and accompanying documents are true and correct and all Plans are in compliance with all applicable Codes and Ordinances of Tazewell County; If the scope of work is modified the Owner/Applicant shall contact the Community Development Department

Signature: \_\_\_\_\_  
Contractor  Owner  Applicant

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

SUBDIVISION: \_\_\_\_\_ LOT # \_\_\_\_\_ ZONING: \_\_\_\_\_ PARCEL SIZE: \_\_\_\_\_

VARIANCE GRANTED:  YES - CASE NO. \_\_\_\_\_ SPECIAL USE GRANTED:  YES - CASE NO. \_\_\_\_\_

DATE OF PERMIT ISSUANCE: \_\_\_\_\_ BUILDING PERMIT # \_\_\_\_\_