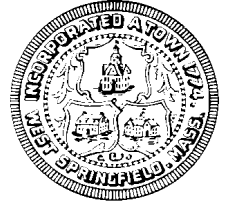


*The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR*



Town of West Springfield
Building Department
26 Central Street, West Springfield, MA 01089

PERMIT TO ERECT FENCE

Date: _____ Permit Fee: _____ Permit Number: _____

Zoning District: _____

The undersigned hereby applies for a permit to erect a fence.

1. Owner's Name _____
2. Owner's Address _____
3. Erector's Name _____
4. Erector's Address _____
5. Location of Building _____ Lot # _____
6. What is the nearest cross street? _____ Size of lot _____
7. What type of fence? _____ Height _____
8. Material of fence _____ No. feet of fence total: _____
9. Right side of property line: _____ Left side of property line: _____
10. Front of property line: _____ Rear of property line: _____
11. Will the fence conform to the requirements of the building and zoning laws? _____

Signature of Applicant: _____ Date: _____

Plot Plan of Dwelling and Fence