

**CITY OF LOCKPORT**  
**BUILDING INSPECTION DEPARTMENT**

ONE LOCKS PLAZA

PHONE-439-6754

FAX-439-6605

**BUILDING PERMIT APPLICATION FOR**  
**FENCE, DRIVEWAY/ PARKING LOT**

Job Location: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Construction Cost: \_\_\_\_\_

Contractor(s): \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

**Driveway (Please Check One):**

(Please note any changes in size)

New install                       Recover                       Remove & Replace

**Material (Please Check One):**

Blacktop                       Concrete                       Stone

**Fence Material (Please Check One):**

Wood                       Vinyl                       Other

Height: \_\_\_\_\_

**Please Attach the Following:**

- Property Survey that is current and accurate
- Locations of the proposed structures

The Owner/ Applicant agrees to conform to all applicable laws of this jurisdiction, adhere to the plans and specifications affixed hereto and permit Building Department personnel to perform required inspections.

Applicant's Name:(if different than owner) \_\_\_\_\_ (attach letter of agency)

Owner/ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_