## CITY OF LIVONIA BUILDING INSPECTION DEPARTMENT 734-466-2580

## PRIVACY and/or CHAIN LINK FENCE ACKNOWLEDGEMENT and AUTHORIZATION

CIVIC AS	SSOCIATION APPR F YES, PROVIDE W	OVAL REQUIRED: YES: VRITTEN ASSOCIATION APPROV	NO: VAL.
Date:			
Fence Instal	lation Address:		
I have seen	or had explained to me	e, the proposal made by(Nam	e)
at			ž.
at	(Address)	(Desc	cription)
a. b. c.	b. The location of the lot line.		
+		have the finished side facing t	ny property.
ý		have the finished side facing t	he fence owner.
(Please sign	next to the option agr	be good on both sides. reed upon and also as indicated below)	•
(Print Nam	e)	(Address)	
(Signature)	)	(Telephone number for conj	firmation)

- ORIGINAL MUST BE SUBMITTED FULLY SIGNED AND COMPLETED
- NO PERMIT WILL BE ISSUED WITHOUT THIS ORIGINAL COMPLETED FORM AND A SITE PLAN OF THE PROPERTY TO BE FENCED