

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

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

**CIVIC ASSOCIATION APPROVAL REQUIRED: YES: \_\_\_\_\_ NO: \_\_\_\_\_  
IF YES, PROVIDE WRITTEN ASSOCIATION APPROVAL.**

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

Fence Installation Address: \_\_\_\_\_

I have seen or had explained to me, the proposal made by \_\_\_\_\_  
(Name)

at \_\_\_\_\_ to erect a \_\_\_\_\_  
(Address) (Description)

Chain link/Privacy (**cross out one not used**) fence separating his or her property from mine and consent to all of the following:

- a. The style and height of the fence.
- b. The location of the lot line.
- c. Only one (1) fence is permitted between our properties and that any existing fence will have to be removed in favor of the new fence.

\_\_\_\_\_ have the finished side facing my property.

\_\_\_\_\_ have the finished side facing the fence owner.

\_\_\_\_\_ be good on both sides.

*(Please sign next to the option agreed upon and also as indicated below)*

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Telephone number for confirmation)

- 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