HILLTOWN TOWNSHIP
13 West Creamery Road
P.O. Box 260
Hilltown, PA 18927
(215) 453-6000 Fax: (215) 453-1024
www.hilltown.org

FENCE AGREEMENT APPLICATION

The filing of this Application begins the process of securing an Agreement between Hilltown Township and the Property Owner(s) to have a fence placed in a Deed restricted easement area.

Please complete all pf the sections of this Application. Failure to complete all sections or attach all requested documents may result in a denial of your Application. Your initials indicate that you have a complete understanding of the same.

_____
Initials

Property Information:

- Property Owner's Name(s): _____

- Property Owner's Address: _____

- Site Address: _____

- Phone Number: _____ Email: _____

- Tax Parcel Number: _____

- Reason for the Fence Agreement: _____
_____
_____
_____

- Type of Easement: _____

Fence Information:

- Type of Material: _____ Style of Fence: _____

- Height: _____ Length/Distance: _____

- Name of Fence Company: _____

- Fence Company Address: _____

- Fence Company Phone Number: _____ Email: _____

The following shall accompany all applications:

1. A copy of the Deed to the subject property.
2. Five (5) copies of full-size plans accurately depicting the subject property, all improvements thereon, the easement area in question, as well as the location of the proposed fence.
3. Check for Filing fee. (Refer to Fee Schedule)
4. Check for Escrow fee. (Refer to Fee Schedule)

The following shall be completed by applicants:

1. Call Township Manager to request to be placed on Board of Supervisors meeting agenda as a confirmed appointment.
2. Confirm the date of the Board of Supervisors meeting that you need to attend.
3. Attend the Board of Supervisors meeting to explain your reasons for requesting a fence in an easement area.

I/We hereby certify that the above information is true and correct to the best of my/our knowledge, information, or belief.

Property Owner Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

Township Use only:

Received By: _____

Fee Amount: _____ Check Number: _____

Escrow Amount: _____ Check Number: _____

Escrow Number: _____