



Fence/Pool/Accessory Building/Deck/Patio		
<b>Installation by:</b> _____ Owner _____ Contractor	<b>Lot Size:</b> _____ Width(feet) _____ Depth(feet)	<b>Property Pins Located:</b> _____ Yes _____ No      _____ How Many
<b>Fences:</b> _____ Fence Height      _____ Fence Material Will electrical/gas meter be within the proposed fence area?      _____ Yes      _____ No		
<b>Swimming Pools:</b> _____ Size      _____ Distance from all electrical power lines _____ Height      _____ Distance from Overhead lines/Underground lines _____ Above Ground      _____ 4 ft walk area material _____ In Ground _____ Set back from side property line      _____ Set back from rear property line		
<b>Accessory Buildings/Decks/Patios:</b> _____ Width      _____ Depth      _____ Height      _____ SQFT _____ Set back from right side property line      _____ Set back from left side property line _____ Set back from rear property line      _____ Set back from any buildings _____ Rear yard sqft		
Please attach a 8 1/2 x 11 drawing showing lot size, all set backs of existing buildings and proposed buildings, proposed fence locations and property pins that have been located		

**Credit/Debit Card (\$3.00 processing fee)**

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC # \_\_\_\_\_ (3 digit # on back of card)

FENCES: As owner of said mentioned property, I verify that property lines, as illustrated on the included drawing, are correct to the best of my knowledge and the City of Rock Falls will not be held responsible for discrepancies when permitting for fences that are to be placed on property lines.	
Signature of Applicant: _____	Date: _____

Accessory Buildings: As owner of mentioned property, I take full responsibility that the accessory building, as illustrated on the included drawing, will be placed/built on the property according to the City of Rock Falls minimum setback requirements.	
Signature of Applicant: _____	Date: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.	
Signature of Applicant: _____	Date: _____

Please remit application to : [build@rockfalls61071.com](mailto:build@rockfalls61071.com)  
 Please submit application a minimum of 24 hrs before beginning project