TOWN OF SMITHTOWN
Suffolk County, New York

**(To be filled in by Building Department.)**

Application/Permit No. _____

S.C.T.M. No. 0800- _____ - _____ -_____

Receipt # _____Permit Fee _____

Zoning District _____Variance #_____

Plan Approved by _____

Permit Issued _____20_____ LWRP ☐

Permit Expires _____20 _____ DEC ☐

**APPLICATION FOR FENCE OR RETAINING WALL**

The undersigned applies for a building permit to erect a fence/retaining wall on property located as below and submits the following information in accordance with the requirements of the Amended Zoning and Building Ordinance and the State Building Code which the applicant has carefully read and understands.

## ALL OF THE FOLLOWING IS TO BE FILLED IN BY THE APPLICANT

Property is located at _____*(no.)* on the N S E W side of _____ *(Street address name*) and _____feet

N S E W from _____*(Street name)* in the hamlet of _____,

New York and is designated as: Map of _____, Section _____ Lot(s) _____

Suffolk County Tax Map Number 800- _____ - _____ - _____

**TOTAL FEES:** _____

**Owner's Name** _____ Address _____

City _____ State _____Zip_____Email _____Phone _____Fax_____

Contractor/Installer _____Address _____

City _____State _____ Zip_____Email _____Phone _____Fax_____

**ALL CONSTRUCTION MUST MEET THE REQUIREMENTS OF THE STATE BUILDING CONSTRUCTION CODE**

**Indicate on the submitted surveys location of all fencing and retaining wall(s)**

**SETBACKS:** Fences and retaining walls must comply with the accessory structure setback requirements.

***Total Sq.ft. of retaining wall (s)*** _____(for fees only)

Total number of walls _____

***List Additional Walls**-Indicate max height & linear ft. of each wall

_____

_____

_____

_____

☐ **Fence** ☐ **Proposed** ☐ **Built Prior (year built)**_____

Height _____ Type _____ No. of fences _____
(Maximum) (Fence)

☐ **Retaining Wall*** ☐ **Proposed** ☐ **Built Prior (year built)**_____

Height _____Type _____ No. of walls _____
(Maximum) (Retaining wall)

Linear ft. _____ Distance from lot line _____ft.

Front yard _____ feet Rear yard_____ feet

Side yard_____feet

Minimum distance from retaining wall(s) to fence _____ft.

**AFFIDAVIT**

I _____being the _____ swear that to the best of my
*Print Name* ***Owner*** *(Commercial may be Owner's Agent, Architect or Contractor)*
knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Amended Zoning and Building Ordinance and the State Building Code and all other laws pertaining to the proposed work shall be complied with, whether specific or not, and that such work is authorized by the owner.

***Signature***_____
***OWNER****(Commercial applications may be signed by Owner's Agent, Architect or Contractor)*

Sworn to before me:

This_____day of_____ 20_____

_____
*(Notary Public, Suffolk County, New York)*

Notary stamp