

# SELF-HELP FENCING & DIGGING PERMIT

## APPROVAL FOR FENCING AND OBTAINING DIGGING PERMIT WITHIN FAMILY HOUSING

- Prior to any digging for fencing or groundwork, an Air Force IMT 332 and IMT 103 form, and a map (aerial view with dimensions of the fence) must be submitted and approved before installation.
- Coordination for a dig permit can be done via e-mail or by submitting them directly to the CE Customer Service desk located on Kadena AB, Bldg. 229 (Behind AAFES gas station)

### **1. Complete the BASE CIVIL ENGINEER WORK REQUEST, \*AF IMT 332 for Housing records.**

**\*Fill block # 1-3, 5, 7- 9, 11-13 and 27 on AF IMT 332 (Please ensure you sign block #13 and #27)**

### **2. Complete the BASE CIVIL ENGINEERING WORK CLEARANCE REQUEST, \*\*AF IMT 103 for dig permit.**

**\*\*Fill in date prepared and block # 1-3 and 5-7 on AF IMT 103 (Please ensure you sign block #5)**

### **3. Send AF IMT 103 (Dig permit) AND map directly to: [18CES.CECUSTOMERSERVICE@US.AF.MIL](mailto:18CES.CECUSTOMERSERVICE@US.AF.MIL)**

Note: If required, technicians will mark the (yard) grounds to indicate buried utilities. Keep in mind that marked lines may disappear, especially after mowing or heavy rain, so it is recommended that you take a photo or re-paint over the lines yourself. Once the digging permit has been cleared by CE, it will then be routed to the Housing Office. The area housing inspector will review the request and contact you to authorize installation. You will have 30 days to complete the installation work; contact area inspector for final inspection.

## SPECIFICATIONS FOR CHAIN LINK FENCE

1. Self-Help fencing projects are **HAND DIG ONLY** up to **MAXIMUM DEPTH** of 24”.
2. Chain link fences are to be located at the rear of quarters **ONLY**.
3. Fence must be at least 3 feet away from any existing government fence or perimeter walls.
4. Use only chain link fencing with 1 ½” or 2” galvanized metal posts.
5. Fence posts must be anchored in concrete and must have top caps.
6. Fence must have a top rail with 1 ½” or 2” galvanized pipe with **NO** exposed chain link at the top of the rail.
7. Fence cannot exceed four feet in height must have at least one gate made of the same material as the fence.

## PATIO AWNINGS/CANOPY STANDARDS

OCCUPANT MUST READ AND AGREE TO MEET THE SELF-HELP PROJECT CRITERIA BELOW AND MUST HAVE AN APPROVED SELF-HELP AF FORM332.

1. CANOPY MUST BE FREE STANDING AND IF THE SUPPORTS ARE ATTACHED TO THE EAVES OF THE HOUSE, SELF-TAPPING SCREWS ¼ INCH OR SMALLER MUST BE USED.
2. THE FRAME MUST BE CONSTRUCTED OF A CORROSION RESISTANT MATERIAL AND PAINTED TO MATCH THE EXISTING STRUCTURE.
3. THE FABRIC MUST BE OF INDUSTRIAL VINYL AND IN NEUTRAL COLOR I.E. BEIGE, WHITE, LIGHT TAN, OR CREAM.
4. GROUND SUPPORTS THAT REQUIRE DIGGING MUST NOT EXCEED 6 INCHES.
5. CANOPY MUST NOT OBSTRUCT EGRESS FROM LIVING QUARTERS.
6. CANOPY MUST NOT EXCEED 10X12 IN SIZE AND HANG NO LOWER THAN 7 FEET.
7. CANOPY MUST BE CONSTRUCTED TO ALLOW DISASSEMBLE AND STORAGE WITHIN 30 MINUTES UPON NOTIFICATION OF TCCOR3.
8. CANOPY MUST NOT BE ERECTED UNTIL CONDITION ALL CLEAR.
9. CANOPY MUST PRESENT A PROFESSIONAL APPEARANCE.

PLEASE READ:

INSTALLATION, CONSTRUCTION OR PLACEMENT OF ANY APPROVED SELF-HELP PROJECT IS THE SOLE RESPONSIBILITY OF THE OWNER. APPROVAL FOR INSTALLATION OF SUCH STRUCTURES DOES NOT IN ANY WAY MAKE THE U.S. GOVERNMENT, THE U.S. AIR FORCE OR IT'S AUTHORIZED AGENTS LIABLE FOR DAMAGES INCURRED BY SUCH STRUCTURES OR THEIR CONTENTS. PLEASE BE ADVISED THAT TYPHOONS, CROSS-WINDS, OR OTHER HAZARDOUS WEATHER CONDITIONS THAT DESTROY OR DAMAGE THESE STRUCTURES AND THEIR CONTENTS WILL NOT BE COMPENSATED FOR BY THE UNITED STATES GOVERNMENT, AND THEREFORE, PRIVATE INSURANCE IS HIGHLY RECOMMENDED.

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Occupant's Signature/Date

**BASE CIVIL ENGINEER WORK REQUEST**  
(See Reverse for Instructions)

Form Approved  
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average .3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project 0704-0188, Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to HQ AFESC/DEMG.

**SECTION I - TO BE COMPLETED BY REQUESTER**

1. FROM (Organization)	2. OFFICE SYMBOL	3. DATE OF REQUEST	4. WORK REQUEST NO. (For BCE Use)
5. NAME AND PHONE NO. OF REQUESTER		6. REQUIRED COMPLETION DATE	7. BUILDING, FACILITY OR STREET ADDRESS WHERE WORK IS TO BE ACCOMPLISHED
8. DESCRIPTION OF WORK TO BE ACCOMPLISHED (Include Sketch or Plan, when appropriate)			
9. BRIEF JUSTIFICATION FOR WORK TO BE ACCOMPLISHED (Not required for maintenance and repair)			
10. DONATED RESOURCES			

	FUNDS		LABOR		MATERIAL		CONTRACT BY REQUESTER		NONE
11. NAME OF REQUESTER				12. GRADE OF REQUESTER		13. SIGNATURE OF REQUESTER (See Reverse of Form)			
						Click to sign (Requester)			
14. COORDINATION									

**SECTION II - FOR BASE CIVIL ENGINEER USE**

15. WORK ORDER (Place an "X" in the appropriate box.)										
	IN-SERVICE		SELF-HELP		CONTRACT		SABER			
16. DIRECT SCHEDULED WORK (Place an "X" in the appropriate box.)										
	EMERGENCY		URGENT		ROUTINE		SELF-HELP		M/C	
17. SELF-HELP (Place an "X" in the appropriate box.)										
	BRIEFING REQUIRED				ADEQUATE COORDINATION			INSPECTION REQUIRED		

**SECTION III - COMPLETE ONLY IF WORK IS TO BE ACCOMPLISHED BY WORK ORDER**

18. WORK CLASS	19. PRIORITY	20. ESTIMATED HOURS	21. ESTIMATED FUNDED COST	22. ESTIMATED TOTAL COST
	23. THERE IS NO NEED FOR AN ENVIRONMENTAL ASSESSMENT (AFR 19-2)		24. A WRITTEN ASSESSMENT IS BEING/HAS BEEN PROCESSED	
			25. APPROVED	
26. DISAPPROVED				
27. REMARKS At the request of the government, I will remove/reinstall any self-help work at my own expense (fence, shed, awning etc.). I will pay any damages to my quarters. I will return quarters to their original condition when moving out.				
Signature:			Click to sign (Requester)	

**SECTION IV - APPROVING AUTHORITY**

28. NAME AND GRADE (Please Type or Print)	29. SIGNATURE	30. DATE
	Click to sign	

<b>BASE CIVIL ENGINEERING WORK CLEARANCE REQUEST</b> <i>(See Instructions on Reverse)</i>		DATE PREPARED
1. Clearance is requested to proceed with work at _____ on Work Order No. _____, Contract No. _____, involving excavation or utility disturbance per attached sketch. This area <input type="checkbox"/> has <input type="checkbox"/> has not been staked or clearly marked.		
2. TYPE OF FACILITY/WORK INVOLVED <input type="checkbox"/> A. PAVEMENTS <input type="checkbox"/> D. FIRE DETECTION & PROTECTION SYSTEMS <input type="checkbox"/> G. AIRCRAFT OR VEHICULAR TRAFFIC FLOW <input type="checkbox"/> B. DRAINAGE SYSTEMS <input type="checkbox"/> E. UTILITY <input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> H. SECURITY <input type="checkbox"/> C. RAILROAD TRACKS <input type="checkbox"/> F. COMM <input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> I. OTHER		
3. DATE CLEARANCE REQUIRED		4. DATE OF CLEARANCE
5. SIGNATURE OF REQUESTING OFFICIAL		6. TELEPHONE NO.
		7. ORGANIZATION
ORGANIZATION	REMARKS <i>(Use Reverse for additional)</i>	REVIEWER'S NAME AND INITIALS
8. B A S E  C I V I L  E N G I N E E R I N G	A. ELECTRICAL DISTRIBUTION	
	B. STEAM DISTRIBUTION	N/A
	C. WATER DISTRIBUTION	
	D. POL DISTRIBUTION	
	E. SEWER DISTRIBUTION	
	F. ENVIRONMENTAL	
	G. PAVEMENTS/ GROUNDS	
	H. FIRE PROTECTION	
	I. ZONE _____	N/A
	J. OTHER <i>(Specify)</i> Internet (Allied Telesis)	
9. SECURITY POLICE		
10. SAFETY		
11. COMMUNICATIONS		
12. BASE OPERATIONS		
13. CABLE TV		
14. COMMERCIAL UTILITY COMPANY      N/A <input type="checkbox"/> TELEPHONE <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC		
15. OTHER <i>(Specify)</i> _____ DLA		
16. REQUESTED CLEARANCE <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
17. TYPED NAME AND SIGNATURE OF APPROVING OFFICER <i>(Chief of Operations Flight or Chief of Engineering Flight)</i>		17a. DATE SIGNED

**INSTRUCTIONS**

*The BCE work clearance request is used for any work (contract or in-house) that may disrupt aircraft or vehicular traffic flow, base utility services, protection provided by fire and intrusion alarm system, or routine activities of the installation. This form is used to coordinate the required work with key base activities and keep customer inconvenience to a minimum. It is also used to identify potentially hazardous work conditions in an attempt to prevent accidents. The work clearance request is processed just prior to the start of work. If delays are encountered and the conditions at the job site change (or may have changed) this work clearance request must be reprocessed.*

18. REMARKS. *(This section must describe specific precautionary measure to be taken before and during work accomplishment. Specific comments concerning the approved method of excavation, hand or powered equipment, should be included.)*