WALL/FENCE PERMIT APPLICATION

TYPE OF WALL/FENCE: *SUBDIVISION ______ RESIDENTIAL ______ COMMERCIAL ______ **RETAINING ______

PARCEL ______________________________________________________________________

SECTION ___________ TOWNSHIP ___________ RANGE ___________

SUBDIVISION/PARK ______________________________________________________________________ LOT# ______

STREET ADDRESS: ___________________________________________ CITY/STATE/ZIP _____________

PROPERTY OWNER(S) _______________________________ ADDRESS __________________________

CITY/STATE/ZIP _______________________________ PHONE _____________________________

CONTRACTOR _______________________________ ADDRESS _______________________________

CITY/STATE/ZIP _______________________________ LICENSE/CLASS ______________________

HEIGHT OF FENCE/WALL IN FRONT YARD _________  VARIANCE: YES NO N/A

HEIGHT OF FENCE/WALL IN REAR & SIDE YARD _________  VARIANCE: YES NO N/A

LINEAL FOOTAGE ___________________________ * (Only required for Subdivision Walls/Fences)

HEIGHT _______ X LENGTH _______ = TOTAL _____________ **( Only required for Retaining Walls )

DISTRICT OFFICE WHERE YOU WANT TO PICK UP PERMIT: FL ______ CG ______ AJ ______ OR ______

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP AND/OR QUESTIONS?):

NAME _______________________________ PHONE _______________________________

EMAIL ______________________________________________________________________________

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION.  I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME PLEASE ___________________________ SIGNATURE OF OWNER/AGENT ___________________________ DATE ___________________________

FOR OFFICE USE ONLY

ADDRESS YES NO  FLOODZONE _______ PLAN CHECK FEE _________

AREA N S E W NON-CONF _______ PERMIT FEE _________

ZONING _______ PT/PE _______/_______

CCO _____________ ECD: _____________

UPDATED: AUG 2019