

CITY OF APALACHICOLA
PERMIT APPLICATION FOR
FENCE

DATE: _____ Permit Issued: _____ Permit Fee _____

OWNER'S NAME: _____ Email: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

CONTRACTOR'S NAME: _____ Email: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____ PHONE # _____

STATE LICENSE NUMBER: _____ COMPETENCY CARD # _____

ADDRESS OF PROJECT: _____

PROPERTY PARCEL ID # _____

LEGAL DESCRIPTION OF PROPERTY: _____

IF THE APPLICATION IS FOR A COMMERCIAL PROJECT PLEASE LIST THE NAME OF THE BUSINESS:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that NO WORK or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for structural work, electrical, plumbing, signs, roofing, pools, furnaces, boilers, heaters, tanks, and air conditioners, etc. (applications may be emailed to acreamer@cityofapalachicola.com or dropped off at City Hall mailbox)

Height of Fence: Front _____ Rear _____ L. Side _____ R. Side _____

OWNER'S AFFIDAVIT: I hereby certify that the information contained in this application is true and correct to the best of my knowledge. And that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner or Agent _____ Date _____

Signature of Contractor _____ Date _____

APPLICATION APPROVED BY: _____ CODE ENFORCEMENT OFFICER.

(email to: acreamer@cityofapalachicola.com or drop off in City drop box)
(make checks payable to City of Apalachicola)