



Planning and Development Department  
 100 S. Myrtle Avenue, Suite 210  
 Clearwater, FL 33756  
 Telephone: (727) 562-4567 Fax: (727) 562-4576  
 www.myclearwater.com

**APPLICATION FOR FENCE/WALL PERMIT**

PROJECT ADDRESS \_\_\_\_\_

LOT \_\_\_\_\_ BLOCK/TRACT \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OWNER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PCCLB NUMBER \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

TYPE OF MATERIAL \_\_\_\_\_ HEIGHT OF FENCE \_\_\_\_\_

LINEAL FEET OF FENCE \_\_\_\_\_ VALUE \$ \_\_\_\_\_

RESIDENTAIL/COMMERICAL/WATERFRONT LOT/ DOUBLE FRONTAGE LOT/CORNER LOT

ZONING \_\_\_\_\_ ATLAS PAGE \_\_\_\_\_

PERMIT NUMBER .....

**FAILURE TO COMPLY WITH MECHANICS LIEN LAW CAN RESULT  
 IN THE PROPERTY OWNER PAYINGTWICE FOR BUILDING IMPROVEMENTS**

A current survey attached to this application must indicate exact location of fence and buildings on the property. Easements, property lines, and right of ways must also be indicated.

I certify that the description of the proposed fence/wall together with the plans filed related to this application is a true representation of all facts concerning same. The proposed fence/wall does not violate any of the building or zoning regulations of the City of Clearwater. I will erect the fence/wall so that the side of the fence/wall facing or viewable from a street right-of-way or an adjoining property is the finished side with all support posts and stringers facing inward toward the property upon which fence/wall is located. If fence/wall is more than 30" in height and is located in a structural setback area adjacent to a street right-of-way, I agree to setback fence/wall 3 feet from street and to provide landscaping on right-of-way side of fence per code requirements.

Owner-Agent-Contractor \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

<u>APPROVALS REQUIRED</u>	<u>PRINT NAME &amp; USER INITIALS</u>	<u>DATE</u>
Zoning	_____	_____
Landscaping: Yes ___ No ___	_____	_____
Engineering	_____	_____
Traffic Engineering	_____	_____
Building Division	_____	_____

**FENCE MUST BE ERECTED WITHIN SIX (6) MONTHS FROM ISSUE DATE. TELEPHONE 562-4567**