

Owner-Contractor

Date

## **APPLICATION FOR FENCE/WALL PERMIT**

PROJECT ADDRESS				
OWNER	TELEPHONE () EMAIL			
ADDRESS	CITY	STATE	ZIP	
CONTRACTOR	TELEF	TELEPHONE ()		
ADDRESS	CITY	STATE	ZIP	
LICENSE NUMBER	EMAIL			
TYPE OF MATERIAL	HEIGHT OF FENCE	LINEAR FEET OF	FENCE	
JOB VALUE (INCLUDES LABOR AND ALL MATERI	(ALS) \$			
RESIDENTIAL / COMME	PLEASE CIRCLE ALL THAT APPLY: RCIAL / WATERFRONT LOT / DOUBLE FRONTAGE	LOT / CORNER LOT		

## FAILURE TO COMPLY WITH MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE 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 supports posts and stringers face 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.

APPROVALS RE	QUIRED	PRINT NAME & USER INITIALS	DATE
Zoning Landscaping: Yes Engineering Traffic Engineering Building Division	s No		

## FENCE MUST BE ERECTED WITHIN SIX (6) MONTHS FROM ISSUE DATE