



606-324-6035



FENCE PERMIT APPLICATION

PERMIT NUMBER:				DATE/TIME RECEIVED:
SITE PA		PARCEL	PARCEL	
ADDRESS:			NUMBER:	
APPLICANT INFORMATION			LOT/UNIT:	
APPLICANT/BUSINESS		TELEPHONE: O HOME O CEL		
NAME: ADDRESS:	ME: ADDRESS: E-MAIL: (IL: O WORK O PERSONAL	
CITY, STATE, ZIP: FAX:		FAX:	:	
OWNER INFORMATION				
OCHECK IF INFORMATION PROVIDED ABOVE IS THE SAME				
NAME:	TELEPHONE: O HOME O CELL			
ADDRESS:	E-MAIL: O WORK O PERSONAL			
CITY, STATE, ZIP:	FAX:			
PROJECT INFORMATION				
Call 811 for assistance in locating utilities. 24 hours a day				
HEIGHT OF FENCE:	TYPE OF FENCE (E.G CEDAR, VINYL)			
FENCE CONTRACTOR:	PROJECT CONSTRUCTION VALUE:			
PLEASE NOTE: A PLAT OF SURVEY showing the LOCATION OF THE FENCE must must accompany all fence permit applications or any alteration to existing fences. Attach fence contractor's proposal and a release and hold harmless form if applicable. TERMS: In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the Building Official; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the City of Bellefonte. I/we as owner of record or authorized agent are responsible to abide by all covenants and association restrictions as may apply to the proposed work associated with this permit.				
SIGNATURE/AUTHORIZED AGENT: REVIEW CONCLUSIONS all staff comments on back of application			DATE:	
BUILDING CODE COMPLIANCE:				DATE:
ZONING CODE COMPLIANCE:	O APPROVED O NOT APPROVED			DATE (TIME ISSUED)
RE-SUBMITTAL:	DATE: O APP	ROVED O NOT APP	KUVED	DATE/TIME ISSUED: