



Permit Application

Request started on: _____ Request Completed on: _____ Req. No

Entered by: _____

Permit Type: **Installation of a fence, wall or gate**

Identification

Owner

Name: _____
Address: _____
City: _____
Postal Code: _____
Phone: _____

Applicant

Name: _____
Address: _____
City: _____
Postal Code: _____
Phone: _____

Information on the fence

Material: _____

Height: _____

Length: _____

Contractor: _____ Telephone: _____

Work value: _____

Distance from property lines

Front: _____

Back: _____

Left side: _____

Right side: _____

Required documents	Receipt	Receipt date
Form duly filled in	<input type="checkbox"/>	
Plan of the fence	<input type="checkbox"/>	
Plot plan	<input type="checkbox"/>	

Applicant's signature

Applicant's signature _____ Date: _____