



Permit #:

# FENCE/WALL PERMIT APPLICATION

<b>Site Address:</b>	<b>Zip:</b>
<i>NOTE: Do not use this form for pool fences or for retaining walls. Retaining walls require a Building permit (if &gt; 48") or Minor Site permit (if ≤ 48" from footing to top of wall).</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial

**PROPERTY**

Parcel # _____ - _____ - _____ - _____	Zoning:	Zoning Case #:
Property Owner of Record:		Phone:
Address:		Suite #:
City:	State:	Zip:

**CONTRACTOR**

Company Name:		Phone:
Contact:		E-Mail:
Address:		Suite #:
City:	State:	Zip:
Business License #:	Expires:	Attach copy of business license and photo ID

**APPLICANT**

Applicant is: <input type="checkbox"/> Contractor (see above) <input type="checkbox"/> Authorized Permit Agent ( <i>complete this section and attach notarized Authorized Permit Agent form with copy of permit agent's photo ID</i> )	
<input type="checkbox"/> Property Owner (see above)	
Applicant:	Phone:
Company Name:	E-Mail:
Address:	Suite #:
City:	State: Zip:

**WORK INFORMATION**

<input type="checkbox"/> I certify that no trees will be removed or impacted as a result of this project. <i>Initial:</i>	Is work area in stream buffer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Fence/Wall Type and Materials:		
<b>ELEVATION PLAN (drawn to scale) showing fence/wall design details and height of fence/wall, posts, columns, and ornament AND SITE PLAN (drawn to scale) showing property lines, existing structures, and proposed fence and gates must be submitted with application.</b>		
Height Above Grade at Front Edge of Primary Structure:      FT	Total Length in Linear Feet      LF Gates: <input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Value of Work (Labor and Materials): \$
Height Above Grade at Rear:      FT	Number of Gates:	
Height Above Grade at Side:      FT	Electronic Gate(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Requires separate electrical permit.</i>	

**CERTIFICATION**

I hereby certify that I have read and examined this application and know the same to be true and correct. I have received a copy of **Sec.27-1462** of the Zoning Supplemental Regulations of the City of Brookhaven, entitled "Walls, fences, and retaining walls," and I understand that I am responsible for ensuring that the work described is constructed and/or used in accordance with all applicable zoning ordinances and that work not in compliance will be subject to City of Brookhaven code enforcement action. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law. The permit is valid for 180 days from the issue date of the permit. All required plans and contractor's licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Brookhaven from all damages, demands, or expenses of every character which may in any manner be caused by the work permitted.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_