City of Mt. Lake RE-ROOFING AND SIDING FENCE PERMIT APPLICATION

Received by:	Date:	Per	Permit #	
	= APPLICANT INFORMA	ATION BELOW =		
Project Address:				
Lot:	Block:	Addition:_		
Property Owner:	Address:			
City:	Zip:	Phone #:		
Contractor:	License #:	Phone #:		
A license number is not required of Check here if you as	of an owner if constructing their owner doing the work yourself.	n fence.		
Fence is to be located at:	rear of property (Attach diagram of fence local		front of property.	
Proposed length of fence:	Proposed hei	ght of fence (from ground	d to top)	
Proposed fence material:				
	y line is located?Yes _ablished the city may require a surve			
	I the city may require you to remove			
of the owner, (2) is familiar v	e applicant acknowledges that he/si with the provisions of Mt. Lake Cod s, and (3) will be responsible for the	le Section 9.51 Permits at	nd Requirements for Fences,	
Signature of Applicant/Owner Ag	ent	Date	o:	
Name (please print):		Address:		
City:	Zip:	Phone #:		
Subject to the following	g conditions: Call for inspection 24 To schedule an inspection ca	hours in advance of when ll 427-2999, ext.1	the fence is complete.	
	FEES			
Fence Permit:	Issued by:	Da	te:	

State Surcharge: _____ Receipt #: _____ Date: ____