



Enclosure / Fence Application

FOR OFFICE USE ONLY			
PERMIT #			
DATE		CLERK	
Payment method:			

CONTRACTOR INFORMATION	
Contractor Business Name:	License Holder's Name:
Mailing Address:	City License #:
City: State: Zip:	State License #:
Phone #: Fax #:	EMAIL:
To Construct:	

PROPERTY INFORMATION			
Property Owner:	Phone #:	Fax #:	
Site Address:	Block	Lot	Unit
City: State: Zip:	Strap #:		
Type of Enclosure:	Screen Enclosure	Fence	Screen Room Pan Roof
Type of Fence Material (Required):			
Wood (decay resistance or pressure treated only)	Concrete with or without stucco		
Concrete block with stucco (CBS)	Stone or brick, including cast (simulated) stone or brick		
Wrought Iron	Chain-link without slats		
Aluminum	Plastic or Vinyl		
Galvanized Steel Panel painted w/Alkali Resistant Coatings			
All other fence/wall materials are prohibited			
Is fence or wall intended to enclose pool or spa?	Corner Lot	Waterfront Property	
Height of Fence	Valuation		

PLOT PLAN MUST SHOW:

- Street Names Property Lines North Directional Arrow
- Existing Structures Proposed Structures Distance to property line
- Show dimensions of fence and location of gates

NOTICE: Applicant acknowledges by acceptance, this is a conditional permit, subject to removal of fence or wall at owner's expense, if removal is necessary for installation and/or maintenance of public utilities in the easements.

_____ Initials



Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I further certify that I have entered into a contract with the owner/agent of the subject property to make the specified improvements to, or perform the contracting at, the real property specified in this application. I have also made the owner/agent aware of the provisions of the Homebuyers Protection Act. I certify that all the foregoing information is accurate, the city has been advised of all easements on the property and all work will be done in compliance with all applicable laws regulating construction and zoning. I acknowledge and accept responsibility for compliance with the current Florida Building Code, regulations, and ordinances, as well as the payment of all legally constituted fees regarding this development application, including but not limited to ALL REVIEW FEES, PERMIT FEES, AND IMPACT FEES. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS,

POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc. **NOTICE:** In addition to the requirements of this permit, there may be additional restrictions to this property that may be found in the public records of this county or that may be required from other governmental entities such as water management district, state agencies or federal agencies.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

I hereby acknowledge that I have read and understand the above affidavit on the _____ day of _____, 20_____.

NAME (Please print or type)

SIGNATURE OF OWNER/AGENT/CONTRACTOR

(SIGNATURE MUST BE NOTARIZED)

STATE _____, COUNTY _____
OF _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, by _____ who is personally known or produced _____ as identification.

Exp. Date: _____ Commission Number: _____

Signature of Notary Public: _____
Printed name of Notary Public: _____

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APPROVALS:

Building Approval by:	Date:	Zoning Approval by:	Date:
Species Approved by:	Date:	Fire Approved by:	Date:
Issued by (Building Clerk):	Permit #	Issue Date:	Expiration Date: