



Permit Number(s): _____

Property Information

Address of Project	
Subdivision / PIN #	

Owner Information

Name	
Address	
Zip Code	
Phone #	
Email	

Fence Contractor

Company name	
Address	
City/State/Zip	
Phone #	

New Replacement

Business Type/Information (check all that apply)

<input type="checkbox"/> Automobile Body Shop <input type="checkbox"/> Automobile Repair/Service Shop <input type="checkbox"/> Internet Auto Dealer <input type="checkbox"/> Other (please specify)
Business Square Footage (provide at least one)
<input type="checkbox"/> Gross Floor Area (GFA) _____ <input type="checkbox"/> Net Floor Area (NFA) _____

Parking Requirements

Fence Specifications

Ratio: Motor Vehicle Body Shop - 2.5 spaces per 1,000 sq ft NFA Motor Vehicle Repair Shop – 3.5 spaces per 1,000 sq ft NFA Total number of required parking spaces on site _____ Total number of existing parking spaces on site _____	Material _____ Board width _____ Space Between Boards _____ Height _____
Estimate construction cost of fence (required)	FEE TOTAL:

Applicant's Printed Name _____

Company (if other than property owner) _____

Phone Number _____

Email Address _____

Signature _____

Your signature indicates your comprehension and acknowledgement of all application information