



FENCE / WALL PERMIT APPLICATION

BUILDING & COMMUNITY SERVICES

DATE _____

PERMIT NO. _____

JOB ADDRESS: _____

CONTRACTOR NAME: _____

PHONE#: _____

CONTRACTOR ADDRESS: _____

EMAIL: _____

FENCE INFORMATION

Type of Fence (IDENTIFY ONE)	New _____	Replacement _____
Wood _____	Height _____	Linear Feet _____
Ornamental _____	Height _____	Linear Feet _____
Other (specify _____)	Height _____	Linear Feet _____

SUBMITTAL CHECKLIST

- Site Plan**
 - Must show property lines, Location of structures on property, and location of proposed fence / wall
- Building Plans**
 - Elevations- showing proposed material
 - Engineering details if masonry

Please allow minimum of (10) working days for review.

The permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION.

Signature of Permit Applicant

Please Print Name

Released for Construction

Date

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