



Residential Privacy Fence

Applicant's Name*: _____

Phone: _____ Fax: _____ Email: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicant is: Contractor, Homeowner**

If applicant is a contractor, list the name of company: _____

** If applicant is the **homeowner**, please read the following and sign below.

In consideration for a Homeowner's Building Permit, I do hereby swear and affirm that I will be performing the described work on this application, and that I will not be assisted by any other person performing the remuneration. Also, I confirm that I am the homeowner and do reside therein as my homestead at the address listed above.

Signature of Home Owner: _____

1. **Project Address:** _____

2. **Please check only one:** New Fence Repair/Replace Existing Fence

3. **Linear Footage:** _____ feet

4. **Construction Valuation – Declared:** \$ _____

5. **Corner Lot:** Yes No

6. **Fence Material** (choose only one):

Cedar/Redwood Masonry Ornamental Iron Wood (other than Cedar/Redwood)

Other _____

7. **Type of Posts** (choose only one):

Cedar/Redwood Masonry Column Metal Other _____

8. **Fence Height:** _____ feet

9. **Attach a Site Plan AND Survey** (Please turn over to see the list of required details)

10. The "proposed building will not divert, block, nor alter existing drainage patterns and will be setback at least five feet from any other structure/fence. **THE GRANTING OF A BUILDING PERMIT DOES NOT CONSTITUTE A DETERMINATION THAT THE PROPOSED CONSTRUCTION WILL OR WILL NOT VIOLATE ANY DEED RESTRICTION OR COVENANT APPLICABLE TO THE PROPERTY UPON WHICH THE CONSTRUCTION TAKES PLACE, NOR DOES IT AUTHORIZE ANY SUCH VIOLATION.**

I, _____ **(PLEASE PRINT)** AS OWNER OR AS AGENT FOR THIS PROPERTY CERTIFY THAT I HAVE REVIEWED ALL THE COVENANTS AND RESTRICTIONS APPLICABLE TO THIS LOCATION. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS OF THIS NOTICE.

I hereby certify that I have read and examined this application and know the same to be true and correct.

SIGNATURE OF OWNER/APPLICANT: _____ **DATE** _____

Site Plan shall Include:

- a. Lot with dimensions and showing the existing primary residential building and all other existing accessory buildings or pools.
- b. Name the streets adjacent to the property and write the property address.
- c. Show the proposed fence with X-X-X-; and
 - Label the length of the proposed fence on each side;
 - Provide fence detail if you are using masonry columns or a combination of two materials;
 - Label the height and fence material; and
 - An engineered detail for wind load is required for fences of masonry, concrete block or brick
 - An engineered detail is required for fences taller than 7 feet

BELOW REVIEW INFORMATION IS FOR STAFF USE ONLY:

- 1. Site Plan Yes No
- 2. Fence detail sheet? Yes No
- 3. Is the proposed fence (i) replacement of existing fence Yes No
(ii) new fence in built-out neighborhood Yes No
(iii) new fence in new subdivision Yes No
- 4. Proposed fence location Front Side Rear
If located in Front, fence height cannot be taller than 4 feet and shall ONLY be chain link, wrought iron or white picket only
- 5. Is the proposed fence located on an interior lot? Yes No
If located on a CORNER LOT, application must be submitted for review
- 6. Does the proposed fence comply with materials? Yes No
If fence is taller than 7 feet, it MUST BE ENGINEERED
- 7. Does the proposed fence comply with height requirements? Yes No
- 8. If the fence is Masonry, concrete block or brick, is an Engineered detail provided for wind load requirements? Yes No
- 9. Is the proposed fence location clear of all easement(s)? Yes NA
- 10. Easement Classification (Circle applicable): Drainage, Electric, Gas, Non Specific, Public Access, Telephone, Water/Sewer, Aerial, N/A
- 11. Is a vehicle gate proposed? Yes No
- 12. Does the fence serve as a pool barrier? Yes NA
If serving as a pool barrier, the plan must be submitted for review.

Additional Comments: _____

If approved, stamp the Site Plan.

Reviewed by: _____ (staff signature) Date: _____

ADDITIONAL REVIEW NEEDED? Yes No

Date sent to back for review: _____