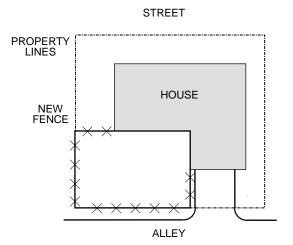


FENCE PERMIT APPLICATION

OFFICE PHONE - 972/744-4180 • INSPECTION REQUEST - 972/744-4181 • FAX - 972/744-5802

PROJECT ADDRESS					PHONE #
CONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #
INTERIOR LOT CORNER LOT			CENT THROU	IGH VISION (DF FENCE%
FENCE HEIGHT:	*TOTAL VALUE OF LABOR AND) MATERIALS:	\$		_
☐ I ACKNOWLEDGE BEING INFORM THE IMPROVEMENTS AUTHORIZED B ^V APPLICATION FOR THE HIIP MUST BE	Y THIS PERMIT MAY QUALIFY FOR	R SAID PROG	RAM. I FURTH	IER ACKNO	WLEDGE THAT AN
I HEREBY MAKE APPLICATION FOR A I PROPERTY AS SHOWN ON THE SKET(THIS FENCE STRUCTURE WILL COMPI	CH BELOW. I AM FAMILIAR WITH T	HE CITY OF F	RICHARDSON	FENCE REG	GULATIONS AND
(PLEASE PRINT) APPLICANT'S NAME			COMPAN	Y TITLE	
COMPANY	MAILING ADDRESS	CITY	STATE	ZIP	PHONE #
APPLICANT'S SIGNATURE:					
EMAIL ADDRESS:					

PLEASE PROVIDE SKETCH BELOW SIMILAR TO SAMPLE.



Please include on the sketch: The street and alley in relation to the house, all property lines, and all new or replaced fencing designated with X X X X X X X X X X X.

ZONING	_APPLICATION / PERMIT TYPE	:/	DATE CHECKED	CHECKED BY
NO CHARGE PERMIT	sw 🗆		APPLICATION #	
DATE	AMOUNT \$	RECEIPT #	CASH / CK #	BY

*Project valuation information will be used for city financial purposes and disclosure of the information is not a condition of obtaining a building permit and will not be used in the calculation of the permit fee(s).