

PERMIT #

**INGLESIDE ON THE BAY
APPLICATION FOR FENCE PERMIT**

JOB ADDRESS

BLOCK NUMBER

LOT NUMBER(S)

OWNER

MAILING ADDRESS

ZIP

PHONE

EMAIL

CONTRACTOR

MAILING ADDRESS

ZIP

PHONE

EMAIL

NEW FENCE _____ REPLACE EXISTING FENCE _____

TYPE OF FENCE: _____

LOT SIZE (SQ FT)

LOT DIMENSIONS

SPECIAL CONDITIONS

VALUATION OF WORK

\$ _____

SIGNATURE OF OWNER OR CONTRACTOR /AUTHORIZED AGENT

DATE: _____

APPROVED BY: _____

*****OFFICE USE ONLY*****
FEE TOTAL \$25.00 CHECK # CASH: ONLINE TRANSACTION: