



CROSSROADS of FLAGLER COUNTY
POST OFFICE BOX 756, BUNNELL, FL. 32110-0756 rev 3-07

Date: _____

APPLICATION FOR A FENCE PERMIT

Permit Number: _____

(386) 437-7516

COMMUNITY DEVELOPMENT DEPARTMENT

FAX (386) 437-8253

1. OWNER NAME : _____ PHONE: _____

2. MAILING ADDRESS : _____

3. PROPERTY LOCATION : _____

4. PARCEL ID # (THIS IS FOUND ON YOUR TAX RECEIPT OR DEED) _____

5. LEGAL DESCRIPTION OF PROPERTY: SECTION _____ BLOCK _____ LOT _____ SUBDIVISION _____

6. INSTALLATION CONTRACTOR : _____ CITY OCC LICENSE # : _____

7. CONTRACTOR ADDRESS: _____

8. TYPE OF FENCE : _____ HEI GHT : _____

9. TOTAL ESTIMATED COST OF FENCE: _____ (IF ESTIMATED COST IS \$2500 OR MORE A RECORDED NOC MUST BE SUBMITTED)

10. APPLICANT SIGNATURE : _____ DATE: _____

PLEASE SUBMIT 2 COPIES OF SITEPLAN INDICATING PROPOSED AND EXISTING FENCE LOCATIONS AND HEIGHT OF FENCE WITH PERMIT APPLICATION FOR APPROVAL

FOR STAFF USE ONLY

1. REVIEW for compliance with Section 34-183 of the land development code :

2. Initials _____ Date : _____

Meets land development code yes _____ no _____

2. FEE FOR PERMIT: _____ OTHER FEES: _____

3. TOTAL FEES DUE : _____