

PERMIT #

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

JOB ADDRESS

BLOCK NUMBER LOT NUMBER(S) FLOOD ZONE YES NO

OWNER MAILING ADDRESS ZIP PHONE FAX

CONTRACTOR MAILING ADDRESS ZIP PHONE FAX

TYPE OF FENCE: _____

LOT SIZE (SQ FT) LOT DIMENSIONS

SPECIAL CONDITIONS

VALUATION OF WORK

\$ _____

SIGNATURE OF OWNER OR CONTRACTOR /AUTHORIZED AGENT

DATE: _____

APPROVED BY: _____

DATE _____

PAY ONLINE **WWW.GO2GOV.NET/GO/INGLESIDE**

*****OFFICE USE ONLY*****

FEE TOTAL \$75.00 CHECK # CASH