

City of La Crescent
FENCE PERMIT

PERMIT # _____

Job Site Address: _____ Date: _____

Total Project Valuation: \$ _____ The Applicant Is: ___ Owner _____ Contractor

Property Owner

Name _____ Contact Person _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Contractor

Name _____ Contact Person _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Permit Type

____ Residential

____ Commercial

____ Industrial

Provide narrative as to where fence will be located in relation to property lines, type of materials, height of fence and number and size of gates. Please attach stretched plot plan and highlight fence location and street frontage.

Permit becomes void if the work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee, or warranty, either implied or expressed, to any person as to the condition of the fence or conformance to applicable construction codes. The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of The City of La Crescent.

Applicant's Signature _____ Date _____

Building Official _____ Date _____

Permit Fees: _____ Check Number _____ Cash _____