



100 South Church St. Dublin, GA 31021

478-277-5070

phillipsc@dublinga.org

Office Use Only

Date Received: _____

Date Completed: _____

FENCE PERMIT APPLICATION

Applicant Name

Mailing Address

Suite/Unit/Apt

City

State

Zip Code

Tel #

Fax

E-mail

Property Owner (Use back if multiple names)

Mailing Address

Suite/Unit/Apt

City

State

Zip Code

Tel #

Fax

E-mail

Property Address

Contractor Name

Company Name

Mailing Address

Tel #

Contact Person Name

Tel #

Fees

Standard Permit - \$50 Permits Requiring Council Approval - \$150

Description

Type of Permit: Commercial _____ Residential _____

Materials: Wood _____ Plastic _____ Chain Link _____ Other _____

Height: Front (4 Ft. Max) _____ Rear (8 Ft. Max) _____

Gate Openings: # of Openings _____ Front Opening (Width 14 ft Min) _____

Connected to the building/house? YES ____ NO ____ Plat/Drawing Attached? YES ____ NO ____

Location from Property Line: _____

Brief Description: _____

Please Note: Any person who is issued a permit which authorizes improvements to a tract of real property which is being used or will be used for residential or commercial purposes shall be required to post a copy of such permit in a well seen area in the vicinity of such property where such improvements are being undertaken. Additional Information may be required based on the extent of the job.

Authorization By Property Owner

The above information is true and correct to the best of my knowledge and belief. I fully understand that in the event information given above proves false, action, if any, may be revoked by the City Council. I swear that I am the property owner of the property which is the subject matter of the attached Petition for Fence Permit, as shown in the records of The City of Riverdale, Georgia.

X _____ X _____

Applicant Print Name

Applicant Signature

Date

X _____ X _____

Owner Print Name

Owner Signature

Date