



FENCE PERMIT APPLICATION

City of West Melbourne
2240 Minton Road
West Melbourne, FL 32904
321-837-7776—Phone
321-952-9542—Fax

Tax ID# _____
Permit # _____
Entered By: _____
Application Date: _____

Job Name: _____
Address: _____ Zip Code: _____
TWP: ____ RNG: ____ SEC: ____ BLK/PAR: ____ LOT: ____ COUNTY: BREVARD

Owners Name: _____ Phone: _____
Address: _____ Zip Code: _____

Contractor's Firm: _____
Qualifier's Name: _____ License #: _____
Address: _____ Zip Code: _____
Phone #: _____ Fax #: _____ Email: _____

Fee Simple Title Holder: _____ Phone: _____
Address: _____ Zip Code: _____
Bonding Company: _____ Phone: _____
Address: _____ Zip Code: _____
Architect/Engineer: _____ Phone: _____
Address: _____ Zip Code: _____

Permit Type: ____ Residential ____ Commercial Value of Construction \$ _____
____ 2 Survey Copies showing location of fence with linear footage for each section
____ Notice of Commencement, if over \$2500.00 OR ____ Affidavit of Notice of Commencement Filing
Description of Work: _____

I understand and hereby agree that, as a condition of the permit, should the fence require removal or should any damage to the fence occur as a result of its location in such right-of-way or easement, installation or repair shall be at the owner's expense and not at the expense of the City of West Melbourne or any public utility. This agreement will be passed on to my successor in interest in the property described in the application.

PROPERTY OWNER SIGNATURE: _____

SUBCONTRACTOR INFORMATION

Construction/Demo Debris Removal Hauler: _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Plumbing: _____ State Reg. Cert No: _____
Address: _____ Zip Code: _____ Phone: _____
Signature: _____

Mechanical: _____ State Reg. Cert No: _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Roofing : _____ State Reg. Cert No: _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Electrical: _____ State Reg. Cert No: _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

APPLICANT'S AFFADAVITS

Application is hereby made to obtain a permit to do the work and installation as indicated. The Building Code in effect at the time of this application is the Florida Building Code 2017 Edition. I understand that all permits require inspections as indicated. This permit application is valid for 180 days from date of submission.

I certify that no work or installation has commenced prior to the issuance of a permit. By signing applicant affirms that all above is true and correct and that he/she is an authorized agent of the Contractor/Owner and has the authority to apply for this permit.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S/AGENTS SIGNATURE

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged
Before me this ____ day of _____, 20____
Personally known to me, or has produced
_____ as identification
And who did not take an oath

Notary as to Owner or Agent
Seal

CONTRACTOR'S SIGNATURE

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged
Before me this ____ day of _____, 20____
Personally known to me, or has produced
_____ as identification
And who did not take an oath

Notary as to the Qualifier
Seal