



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: _____

City of West Melbourne
 SUB-CONTRACTOR INFORMATION:

Construction/Debris Removal: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ Signature: _____

Plumbing: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ 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 AFFIDAVITS

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____
 By _____ who is
 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____
 By _____ who is
 Personally known to me, or has produced
 _____ as identification
 And who did not take an oath

 Notary as to Qualifier
 Seal