

FENCE PERMIT APPLICATION



City of West Melbourne
2240 Minton Rd
West Melbourne, FL 32904
(321) 837-7776 Phone
(321) 952-9542 Fax
buildingpermits@westmelbourne.gov

FOR OFFICE USE ONLY
Tax ID#
Permit #
Entered by:
Application Date:

Job Name: Address:

Owner's Name: Phone:

Address: Zip Code:

Contractor's Firm: Qualifier's Name:

Address: City: Zip Code:

License #: Phone #: Email:

Permit Type: Residential Commercial
Notice of Commencement, if over \$5,000.00 Value of Construction \$
One Digital Complete Survey showing location of fence with linear footage for each section and gate locations

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:

Need Hold Harmless Agreement in addition to this section
https://www.westmelbourne.gov/DocumentCenter/View/15574/Hold-Harmless-form-002?bidId=

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If property is adjacent to a Melbourne-Tillman water canal, a permit is required for temporary access of right of way use. The following link is to the application and can be found under Miscellaneous Fees.

<https://link.edgepilot.com/s/a7a60083/uDISiP0aEOsuqmZ-s5Lew?u=http://www.melbournetillman.org/wp-content/uploads/2020/05/Form-01R-FILLABLE-Application-for-Permit-May-2020-Revisions.pdf>

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

Electrical: _____ State Reg./Cert. No. _____
Address: _____ Zip Code: _____ Phone: _____
Valuation: _____ **Sub-Contractor Authorization Form required**
<https://www.westmelbourne.gov/DocumentCenter/View/10798/Sub-Contractor-Authorization->

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 2023 – 8th 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.

PROPERTY OWNER SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 20__ by

who is personally known to me, or has produced

as identification.

Notary Signature as to Property Owner

QUALIFIER'S SIGNATURE
STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 20__ by

who is personally known to me, or has produced

as identification.

Notary Signature as to Qualifier



BUILDING DEPARTMENT

HOLD HARMLESS AGREEMENT/INDEMNIFICATION AGREEMENT

The undersigned hereby executes in favor of the City of West Melbourne, Florida, its' officers, employees, agent, and assigns, this Hold Harmless Agreement.

WITNESSETH

WHEREAS, the undersigned is seeking a building permit(s) for an improvement that is an encroachment of a public easement. The following may be permitted as an encroachment improvement: irrigation system, fence or an improvement specifically approved by Planning and Zoning Department Director or designee.

WHEREAS, pursuant to Chapter 18 City of West Melbourne of Ordinances, Florida, the City may issue permit(s) within City limits.

NOW, THEREFORE, the undersigned agrees as follows:

I, (Print Name) _____, property owner of
(Print Address) _____

hereby agree that it shall indemnify, defend, and hold harmless the City of West Melbourne, Florida, any licenses, utility company, or independent contractors, and any of their officers, employees, and agents in both their official and individual capacity, from any and all liability, claims, damages, expenses including attorney's fees and litigation costs, resulting from or arising out of the removal or alteration of any existing permitted encroachment structure/improvement that exist in or around any public easement, deemed necessary by the City or licensed utility for the purpose of installing, removing, repairing, or maintaining any improvements allowed within the public utility easement. The property owner also agrees to have a utility locate performed prior to any digging. The undersigned acknowledges that specific consideration has been given for this indemnity provision. (____ Initial)

I understand and agree that if the City or licensed utility or independent contractor removes, damages, or alters the encroachment structure/improvement that I am fully responsible for repair and/or replacement of the encroachment improvement. (____ Initial)

I understand and agree that if I damage or cause damage to any existing structure, improvement, and/or utility within the easement, I am fully responsible for repair and /or replacement of the existing improvement as deemed necessary by the City and/or appropriate licensed utility company within ninety days of receipt of written notice by The City and/or licensed utility company. (____ Initial)

Printed Name of Property Owner

Signature of Owner or Agent (including Contractor)

Date

STATE OF FLORIDA

COUNTY OF BREVARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 2024 by _____.

(Signature of Notary Public - State of Florida)

(Print Commissioned Name of Notary Public)
Personally Known / Produced Identification
Identification Produced: _____