CITY OF

WAVELAND

HOSPITALITY CITY

Building/Zoning Department
301 Coleman Avenue
Waveland, MS 39576
(228)466-2549
(228)467-5177 FAX

FENCE PERMIT APPLICATION

Property Owner/Contractor: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Total Valuation: $ _____

Fence Material: _____ What height will your fence be? _____

***Complete this application, attach a scope of work and site plan.**

As the property owner or the authorized agent of the property owner, **I confirm that the proposed work has been approved by all public/private property owners association(s) with governing authority over the property's use and is in compliance with all applicable covenants and restrictions.** I also attest that the finished side of the fence shall face the exterior of the property and that I will provide access for utility service providers and other civil servants. I confirm that my fence will not obstruct the view of my neighbors leaving a private or public street or the view at any intersection. The structure is to be located as shown on the required site plan. ***Call 811 3 days before you dig.**

Personally appeared named applicant, who on oath says that (he/she) is the property owner or is the authorized agent of the owner of the subject property, and that all information herein is true to the best of (his/her) knowledge:

_____ _____ _____

Applicant Signature Printed Name of Applicant Date

_____ _____

Zoning Approval Date

_____ _____

Building Approval Date