

119 West First Street
Cle Elum, WA 98922



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FENCE PERMIT APPLICATION

PROJECT NAME: _____

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ FAX: _____

EMAIL: _____

PROPERTY OWNER: _____

PROJECT LOCATION NAME: _____

ASSESSOR'S MAP NUMBER: _____ ZONING: _____

FENCE SIZE & DESCRIPTION: _____

TYPE OF CONSTRUCTION: _____

FENCE USE: RESIDENTIAL COMMERCIAL OTHER: _____

ATTACH THE FOLLOWING:

1. Site plan indicating location of property boundaries, building location and proposed fence.
2. Required Fee: \$35.00

AUTHORIZATION:

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient for denial of the request. This application gives consent to the City to enter the properties listed above for the purposes of inspecting and verifying information presented in this application. The applicant further agrees to pay all fees associated with the review of this application.

Signature

Date