



**Permit Request**

Request started on: \_\_\_\_\_ Request Completed on: \_\_\_\_\_ Req. No

Entered by: \_\_\_\_\_

Permit Type: **Fence**

Nature: \_\_\_\_\_

**Identification**

Owner	Applicant
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____
	Email: _____

**Location**

Roll No.: _____	Use Code: _____
Address: _____	Projected Use Code: _____
Zone: _____	Frontage: _____
Distinct P. of Land: <input type="checkbox"/>	Depth: _____
	Area: _____
	Number of Dwelling Units: _____
Zoning Code: _____	Year of Construction: _____
Inspection Sector: _____	Number of Stories: _____
Service: _____	Floor Area m <sup>2</sup> : _____
Cadastre: _____	Number of Affected Units: _____

**Work**

Project undertaker	Project manage
Name: _____	Name: _____
Address: _____	Phone: _____
City: _____	
Postal Code: _____	
Phone: _____	Work Starting Date: _____
Fax: _____	Work Completion Target Date: _____
RBQ No.: _____	Completion Date: _____
NEQ No.: _____	Work Value: _____

**Fence**

**Fence**

Length:	<input type="text"/>	Height Back:	<input type="text"/>
Height Front:	<input type="text"/>	Side Height:	<input type="text"/>
Model:	<input type="text"/>		

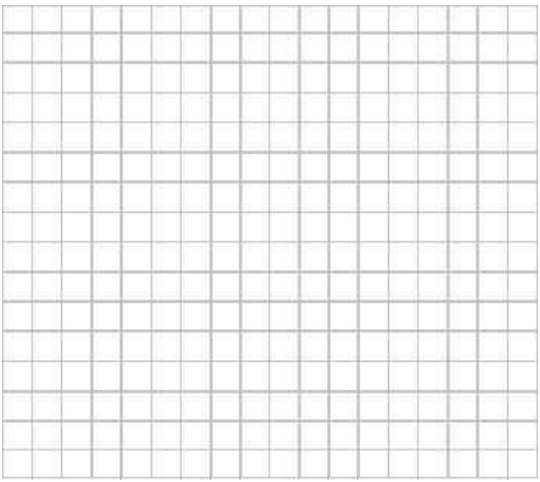
**Clearance**

Horizontal:	<input type="text"/>
Vertical:	<input type="text"/>

**Doors**

Self-Locking Device:	<input type="text"/>
Automatic Latch:	<input type="text"/>

**Establishment (distance)**

Street:	<input type="text"/>	
Side	<input type="text"/>	
Back:	<input type="text"/>	
Building:	<input type="text"/>	
Drainfield:	<input type="text"/>	
Septic Tank:	<input type="text"/>	

Required Documents	Submitted	Submitted on
Construction plan with model and dimension	<input type="checkbox"/>	
Layout plan for the fence	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**Work Description**

**Applicant's Signature**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_