



Building Department
207 W. 2nd St., Grandview, WA 98930
Ph. (509) 882-9225 Fax (509) 882-9232

FENCE PERMIT APPLICATION

Project Address: _____ **Parcel No.** _____

Owner/Builder Name

Contractor Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Owner's Phone No.

Contractor's Phone No.

Contractor's License No.

Expiration Date

Type of Fence: (please circle one) Chain link Wood Vinyl Block

Height of Fence: _____

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION WHEN TURNED IN FOR APPROVAL:

- A Site Plan showing the location of the fence on the property

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION TO KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

SIGNATURE OF OWNER/AUTHORIZED AGENT

DATE

PLEASE ALLOW 14-DAYS FOR PROCESSING THIS PERMIT APPLICATION