

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 \$2500.00 Value of Construction \$
2 Survey Copies showing location of fence with linear footage for each section

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:

Fee Simple Title Holder: Phone:
Address: Zip Code:
Bonding Company: Phone:
Address: Zip Code:
Architect/Engineer: Phone:
Address: Zip Code:

FENCE PERMIT APPLICATION

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/ulDISiP0aEOsuqmZ-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: _____ Signature: _____

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 2020 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

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

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.

who is personally known to me, or has produced

as identification.

Notary Signature as to Property Owner

Notary Signature as to Qualifier