

CITY OF PINELLAS PARK
BUILDING DEVELOPMENT DIVISION

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FENCE APPLICATION

PROJECT ADDRESS _____ PERMIT # _____
PROPERTY OWNER _____ PHONE # _____
ADDRESS _____ CITY _____ ZIP _____
OCCUPANCY: RESIDENTIAL _____ COMMERCIAL _____
COMPANY _____ LICENSE # _____
ADDRESS _____ CITY _____ ZIP _____
QUALIFIER _____ PHONE # _____
EMAIL _____
FENCE TYPE _____ HEIGHT _____ TOTAL LENGTH _____
DESCRIPTION OF WORK _____

WILL FENCE BE LOCATED WITHIN AN EASEMENT? _____ YES _____ NO

VALUATION \$ _____

SIGNATURE _____ DATE _____

PRINT NAME _____

<p><i>Is this a Medical Related Business:</i> <u>Yes/No</u> <i>If Yes, What?</i> _____</p>
