



PERMIT APPLICATION

# FENCE

TYPE OR PRINT IN INK ONLY

**CITY OF DELTONA**  
**BUILDING AND ENFORCEMENT SERVICES**  
 2345 PROVIDENCE BLVD  
 DELTONA, FL 32725  
 Ph 386-878-8650 – Fax 386-878-8651

**Permit Number**

Residential                       Commercial

**Parcel ID#**

**City of Deltona Automated Inspection System**

**(386) 575-6900 / (407) 936-9999**

Owner's Name		Telephone– Include Area Code
Project Address – Include City & Zip		E-mail
Owner's Mailing Address – Include City, State, & Zip		
Fence Company's Name		Phone ( ) -
Fence Company's Mailing Address – Include City & Zip		Fax ( ) -
Competency Holder's/Contractor's Name	Business Tax Receipt No. or License No.:	E-mail

**Fence Ordinance Section 110-806.**

**Description of Work \_\_\_\_\_ and SHALL be FINISHED SIDE OUT**

Pursuant to Chapter 556.105 (1)(a), Florida Statute, as amended, an excavator of the work performed under the scope of this application SHALL call SUNSHINE STATE ONE-CALL at 811 not less than two nor more than ten business day before digging.

Fence will be constructed as a pool barrier per Residential Swimming Pool Safety Act Requirements Section 515 Florida Statute Check one:    NO    YES

**NOTICE TO OWNER:** Utility companies reserve the right to access private property for purposes of installing, maintaining, repairing, and replacement of lines and equipment in the utility drainage easement. Utility companies are not required to replace, repair, or re-install any fence that obstructs their access.

<b>Estimate Job Valuation \$ _____</b>	<b>Signature of Applicant _____</b> (Signature to be Notarized)
	<b>Date _____</b>

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ (type of ID) identification.

\_\_\_\_\_  
Signature of Notary Public State of Florida

\_\_\_\_\_  
Print, Type or Stamp Name of Notary                      (SEAL):

The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections you must have the permit number, confirmation number, and the inspection code(s) ready; call 386-575-6900 or 407-936-9999. Inspections requested by 12:00 midnight will be done the next business day.

**PERMIT EXPIRATION:** permit expires 180 days from date issued unless otherwise noted or governed by law.

**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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

**APPROVAL CONDITIONS:** This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

PERMIT ISSUED BY MUNICIPAL AGENT \_\_\_\_\_ DATE \_\_\_\_\_