

# City of Joseph

## Fence Authorization Permit

NAME: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

LOT NO: \_\_\_\_\_ BLOCK NO: \_\_\_\_\_ MAP NO: \_\_\_\_\_

\_\_\_\_\_ ADDITION, JOSEPH, OREGON

TYPE OF FENCE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

ZONE: Commercial [ ] Residential [ ] Industrial [ ]

Corner Lot: Yes [ ] No [ ]

I hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with effective Ordinances and resolutions of the City of Joseph and Statutes of Oregon, despite any errors on the part of the issuing authority in checking this application.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Approved by inspection Public Works Director: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Permit is effective for one year from date of approval

Provide plot of fence including buildings on next page:

\*All accrued costs associated with this process are the sole responsibility of the applicant.

