

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.

