



CITY OF HYATTSVILLE

4310 Gallatin Street
Hyattsville, Maryland 20781
(301) 985-5000
www.hyattsville.org

APPLICATION FOR FENCE PERMIT

APPLICANT INFORMATION			
Name:			
Address:			
Phone:			
E-mail:			
CONTRACTOR INFORMATION			
Name:			
Phone:			
E-mail:			
PERMIT INFORMATION			
Permit Number:		Date of Issue:	
County Permit Number:		Date of Issue:	
WORK INFORMATION			
Lot Number:		Subdivision:	
Election Dist.:		Block Number:	
		Zoning Class:	
		Tax ID Number:	
Location of Work:			
Description of Work:			
Intended Use of Property:			
PERMIT FEE			
Permit Fee:	\$	Value at Completion:	\$
CHIEF BUILDING OFFICIAL APPROVAL			
Signature:		Date:	
APPLICANT SIGNATURE			
I do solemnly declare and affirm, under the penalties of perjury, that I, the owner, or agent of the owner authorized to perform the proposed work, hereby certify that the application and contents are true and correct, that construction will conform to all current Building, Zoning, and Handicap Accessibility Code requirements and that I am authorized to make this application. I understand that issuance of this permit does not exempt the proposed work from the conditions of permits required by other agencies and that this permit will expire six (6) months from the date of issue, if no work has begun.			
Signature:		Date:	