



KING CITY

15300 S.W. 116th Avenue, King City, Oregon 97224-2698
Phone: (503) 639-4082 • FAX (503) 639-3771

FENCE PERMIT APPLICATION

DATE: _____

Name of Applicant: _____ Phone No: _____

Address: _____

Name of Contractor: _____ Phone No.: _____

Business License No. _____

Address: _____

Placement of Fence: (check where applicable)

corner side yard _____ front yard _____ rear interior side yard _____

Type of change or improvement for which permit is requested. Describe briefly. Attach a copy of the plan or drawing of proposed project: _____

Signature of Applicant _____

***APPROVED APPLICATIONS ARE VALID FOR SIX MONTHS ONLY**

FOR OFFICE USE ONLY

Application Received By: _____ Date: _____

Applicable Fee received: _____

Conditions/Comments _____

Approved By: _____ Date: _____