City of Newport
200 S. Washington Ave.
Newport, WA 99156
Phone: (509) 447-5611
Accounting@newport-wa.org

FENCE PERMIT APPLICATION
Permit #:_____

Property Owner

Name:		
Address:		
City:	**State:**	**Zip:**
Phone:	**Email:**	

Contractor:

Company:			**Contact:**
Mailing Address:			**Phone:**
			Email:
City:	**State:**	**Zip:**	**UBI #:**
State of Washington Business License:			
City of Newport Endorsement (required): ☐ **Yes**			

PROJECT INFORMATION:

Job Site Address (if different than above): _____

Per NMC 17.03.040 maximum height is six feet and front yard maximum is 4 feet

Height of Fence- Front yard:_____ Side Yard:_____Side Yard:_____Back Yard:_____

Fence Material: _____

☐ Site Plan Attached

Additional information:_____

_____

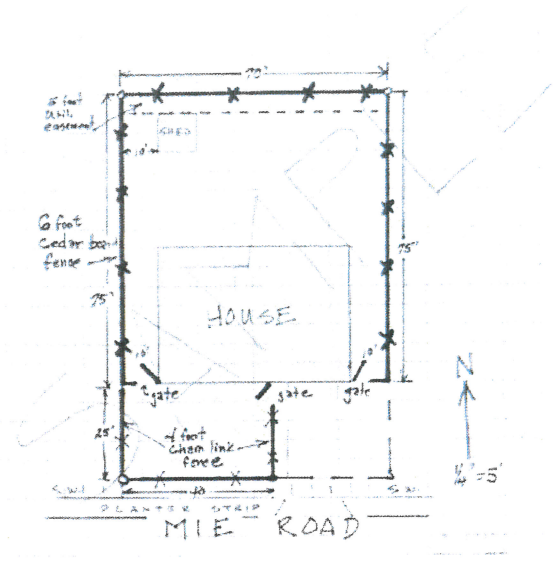
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or implied herein or not.

_____ _____ _____ _____
Signature of Property Owner Date Signature of Contractor Date

FOR DEPARTMENT USE ONLY

Fence Permit Fee: $25.00 Received by: _____ Date:_____

Approved by: _____
Signature of Public Works Director



Include:

- ☐ North Arrow
- ☐ Property Lines
- ☐ Building Location(s)
- ☐ Fence Location
- ☐ Fence Height(s)
- ☐ Road and/or Alley Location
- ☐ Any Easements
- ☐ Measurements
- ☐ Scale ¼" =