



FENCE PERMIT APPLICATION

1505 Precinct Line
Hurst, TX 76054
817-788-7096
permits@hursttx.gov

Submittal Date: _____ Zoning: _____ PERMIT #: _____

PROJECT ADDRESS: _____

LEGAL DESCRIPTION Lot: _____ Block: _____ Addition: _____

PROPERTY OWNER: Name: _____ Phone#: _____

Email: _____

CHECK ONE:	PROPERTY TYPE:	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL
CHECK ONE:	TYPE OF WORK:	<input type="checkbox"/> NEW INSTALLATION	<input type="checkbox"/> REPAIR / REPLACE
CHECK APPLICABLE:	TYPE OF USE:	<input type="checkbox"/> PRIVACY <input type="checkbox"/> SECURITY <input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> SCREENING <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> OTHER / DESCRIB
OTHER / DESCRIBE: _____			
Fence / Wall Height: _____	Total Linear Feet: _____	Type of Material: _____	Construction Value: _____

SUBMIT 2 COMPLETE SETS OF LEGIBLE HARD COPY PLANS

- LEGIBLE. **All Plans** / Documentation are required to be designed to a verifiable Engineer's or Architect's scale
- Provide Site / Plot Plan / Survey (or Aerial) – show all structures, paving, easements, and utilities
- Provide a "North" arrow
- Label street (s) immediately adjacent to lot
- Specifically identify the location(s) of the proposed fence(s) / wall(s) and dimensions by marking with "X"s
- Specifically show location of vehicular gates (if applicable) length / height / direction of swing
- Specifically show location(s) of pedestrian gate(s) and direction of swing
- Specifically show locking mechanism details
- Specifically reflect fire lanes and knox box location(s) (if applicable)
- Engineer design / seal for masonry wall footings and retaining walls

Contractor's Contact name: _____ Business Name: _____
Phone #: _____ Email: _____

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 HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAWS / ORDINANCES, INCLUDING REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION. I UNDERSTAND ADDITIONAL INFORMATION, DOCUMENTATION, AND/OR REQUIREMENTS MAY BE NECESSARY. I ALSO UNDERSTAND THAT INCOMPLETE SUBMITTALS MAY CAUSE A DELAY IN PERMIT APPROVAL / ISSUANCE. I FURTHER UNDERSTAND THAT PLAN REVIEW MAY TAKE A MINIMUM OF 10 BUSINESS DAYS.

Applicant is: property owner tenant contractor Other _____

Print Applicant Name

Applicant Signature

CITY USE ONLY APPROVED BY / DATE _____ COST: _____ NOTIFIED _____

