

P.O. Drawer 400 2665 San Angelo Ingleside, TX 78362

Phone: 361-776-3815 Fax: 361-776-1027

APPLICATION FOR FENCING PERMIT

Permit #:_		_				
Site Address:						
Legal Description: Subdivision:			Lo	Lot: Block:		
		Valuation: \$				
OWNER:	Name:		Phone #:			
	Address:					
		(Number & Street)	(City)	(State)	(Zip)	
CONTRACTOR: Name:			Phone #:			
	Address:					
		(Number & Street)	(City)	(State)	(Zip)	
considered: Site		furnish the following items to indicating location of fence (ways, parking)				
	-	not accept construction materi expense of the owner/contract		truction material	waste must be reme	oved &
		tractors must be registered by a inspections being made.	the City of Inglesion	de. Failure to be	registered will resu	lt in no
Applicant S	Signature:	Ro	eviewed By:		Date:	