



FENCE APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Application # _____

Single-Family Residential

Multi-Family

Commercial

Job Site Address _____

Description of Work _____

OWNER / AGENT CONTACT INFORMATION

OWNER

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Fax _____

E-mail _____

Contact Name _____

Ph _____ Fax _____

E-mail _____

CONTRACTOR

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Fax _____

E-mail _____

State Lic. # _____

City Lic. # _____

NOTE: Approval of the Fence Application may be subject to further review.

The review and issuance of this fence application/permit is to ensure conformance with the fence height and locations allowed per the zoning code. It does not assure the structural stability of the fence.

PERMIT FEES DUE UPON APPLICATION SUBMITTAL

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Owner / Agent _____ Date _____

Print Owner / Agent _____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Plan Check Fee \$ _____ Date _____ Receipt Number _____

Permit Fee \$ _____ Date _____ Receipt Number _____