



Fence Permit Application

Development Services Department · Planning Division
South Lake Tahoe, California 96150-6251 · (530) 542-6010 (530) 541-7524 FAX PermitCenter@cityofslt.us

Submittal Date: _____

Permit Number: _____

PURPOSE

Review the location, standards of construction, and maintenance of fences to insure that the health, safety, and welfare of the general public are not significantly harmed.

GENERAL INFORMATION

Site Address: _____

Assessor's Parcel Number: _____

Applicant Name: _____ Applicant Phone #: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

The applicant will be considered the primary point for correspondence and contact from the City unless otherwise requested in writing.

Property Owner Name: _____ Owner Phone #: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

FENCE INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> Residential standard fence | <input type="checkbox"/> Residential alternative fence |
| <input type="checkbox"/> Commercial standard fence | <input type="checkbox"/> Commercial alternative fence |

INFORMATION ON SUBMITTING A COMPLETE APPLICATION

Each application shall contain the following information. Some applications may require additional information. Consult with a permit technician (542-6010) to determine whether additional materials are required. If any required information is not provided, the application will not be accepted.

- The completed FENCE APPLICATION containing the applicant(s) and property owner(s) signature(s) and type of fence requested.
- A site plan showing all property lines, existing structures, driveways, parking areas, existing fences and the proposed fence
- A description of the fence height, materials, size of lumber, spacing of posts, etc.

Declaration: I hereby declare under penalty of perjury that this application and all information submitted as part of this application are true and accurate to the best of my knowledge. I am the owner(s) of the subject property or have been authorized to represent the owner on this application as the applicant. I understand that should any information or representation be submitted in connection with this application be incorrect or untrue, the City may rescind any approval or take other appropriate action.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

Fees

Amount Paid: _____ Received By: _____ Date: _____

SUBMIT YOUR FENCE APPLICATION PERMIT TO permitcenter@cityofslt.us

Site Address: _____

Permit Number: _____

FOR STAFF USE ONLY

Is any of the property within a Stream Environment Zone? YES NO

DECISION

Based on the above review, the Fence Application is:

Approved with no conditions

Approved with conditions:

Denied

INSPECTION

A final inspection is required once the fence is constructed. **Please call (530) 542-6010 to schedule an inspection.** Please note you do not need to be available during the inspection as staff will inspect as workload allows. *If a final inspection is not completed within 6 months of permit issuance you may be subject to an administrative citation.*

APPROVAL SIGNATURES

I have read and understand the applicable requirements and standards contained in sections 6.10 and 7.05.520 of the City Code, the conditions of approval, if any, and agree to comply with them.

Applicant Signature

Date

Property Owner: I understand that it is my responsibility to determine all property lines. I assume all liability in regards to property line disputes and any claim in regards to snow removal.

Property Owner Signature

Date

Planner Signature

Date

Sample Site Plan:

EXAMPLE of a SITE PLAN
for a standard fence

LEGEND

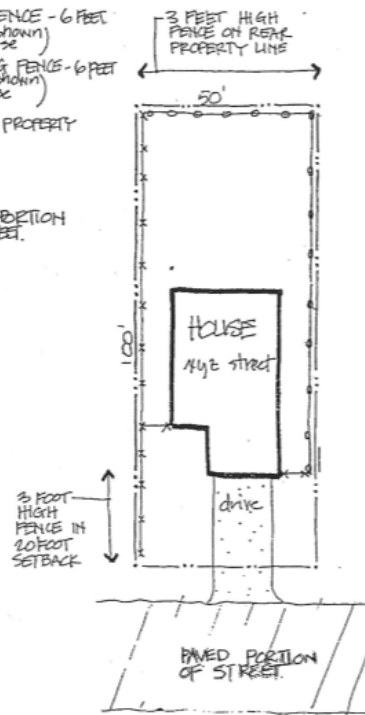
SCALE: 1 SQUARE
FOOT = 2 FEET

X-X-X NEW FENCE - 6 FEET
(UNLESS SHOWN
OTHERWISE)

O-O-O EXISTING FENCE - 6 FEET
(UNLESS SHOWN
OTHERWISE)

100'
50'
PARCEL PROPERTY
LINES

PAVED PORTION
OF STREET



Applicant Site Plan:



"We will reflect the National Treasure in which we live"

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Credit Card Authorization form may be used for immediate project intake.

Fees may alternatively be calculated by staff at intake, project cannot be taken in until fees are collected

For assistance in calculating your fees prior to project submittal please contact the permit center.

ADDRESS OF PROPERTY _____

APN _____ **UNIT #** _____

Sign and complete this form to authorize City of South Lake Tahoe to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **City of South Lake Tahoe** to charge my credit
(full name)

card account indicated below for up to \$ _____ on or after _____. This payment is for
(amount) (date)

_____ at _____
(Building Permit / Planning Permit / VHR Permit – New, Renew, TOT Audit) (Property Address)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE /s/ _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.