



FENCE APPLICATION FORM

City of Toppenish
"Where the West Still Lives"
21 West First Avenue · Toppenish, Washington 98948 (509) 865-7318
· www.cityoftoppenish.us

(Staff Use Only – Fill In / Circle As Applicable)

Zoning District: _____	Reviewed By: _____
Proposed Land Use: _____	Case #(s): _____
Overlay: Floodplain _____	_____
UGA: _____ CAO/Shoreline: _____	_____
FAAR: _____	_____
Occupancy: A B E F H I M R R1 R2 R3 S U _____	_____
Type of Construction: IA IIA IIIA IB IIB IIIB IVA IVB VA VB _____	_____
Name of Short Plat, Subdivision or Manufactured Home Park: _____	_____

Please Tell Us About Your Proposal: *(If you need assistance call us at (509) 865-7318 or come into the office)*

Parcel Numbers(s): A. _____ B. _____ C. _____

Property Owner's Name: _____

Day Phone: _____ Company (if any): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Subject Property Address: *(if Different)* _____

E-mail Address: _____

Scope of Work: _____

Fence Information

Wood Chain-link Stone Masonry or Brick Vinyl Other _____

Number of Gates _____ Fence Height _____ Electric Fence Yes No

Sharp protrusions, barbed wire or razor barrier on top of fence Yes No

Applying For A Building Permit? Please Fill Out The Following:

Number of Bedrooms:	Existing: _____	Proposed: _____	Total: _____	Total Square Footage of project: _____
Number of Bathrooms:	Existing: _____	Proposed: _____	Total: _____	

Construction Valuation (Contractor Estimate) \$

Please check below if you are applying for additional services:

- Applying for sewer services?
- Applying for water services?

By signing this form, I agree to the following:

- I hereby state as true that all ownership interests of the property have reviewed the proposal as presented in the application materials and support the proposed change(s).
- I hereby give City of Toppenish permission to enter my property during this review to inspect my property as needed.
- I hereby agree to pay all additional fees associated with the processing of this application.
- I hereby acknowledge that the application with the Yakima County Permit Services Department has been filled out completely.
- I understand that City of Toppenish shall be held harmless for misinterpretation or misrepresentation of documents to obtain my permits.

(If the property is owned by a corporation or LLC please attach documentation showing that the person signing has the authority to sign on behalf of the corporation or LLC.)

Please Fill Out This Section In Blue or Black Ink. (Please check the box to indicate the primary contact person)

Property Owner Signature: _____ (required) Date: _____

Check If You Are Acting As Your Own Contractor – (Signature required at declaration at bottom of page)

Applicant/Agent: _____

Day Phone: () _____ Company (if any) _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

E-mail Address: _____

Signature: _____ Date: _____

Contractor Name: _____

Day Phone: () _____ Company (if any) _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

E-mail Address: _____

Contractor License Number: _____

Signature: _____

Date: _____

If there are additional owners, provide an attachment in the same format and with the same declarations

This Section To Be Completed For Construction Permits Only

Pursuant to RCW 19.27.095 (2)(i-ii) The requirement for a fully completed construction application shall include:

- i. The name, address, and phone number of the office of the lender administering the interim construction financing, if any: OR
- ii. The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction permit.

If for any reason the information requested below is not available at the time of application, the applicant shall provide the information as soon as it can be reasonably obtained.

Lending Agency Name: _____ Phone: () _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I acknowledge by checking this box that this project has no lending agency for construction financing.

Bonding Agency Name: _____ Phone: () _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I acknowledge by checking this box that this project has no bonding agency.

If you are the Property Owner and Acting as Your Own Contractor, Please Complete the Following Declaration:

- I acknowledge that I am applying for a permit through the City of Toppenish Development Services Department.
- I also acknowledge that I am not a licensed contractor, specialty or general, or that I am not acting as a contractor and wish to be exempt from the requirements of the Washington State Contractor’s Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated.
- I agree that if I use the assistance of any person(s) to provide labor and/or assistance, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington.

I (print name) _____ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Owner Signature: _____ Date: _____