



“Where the West Still Lives”

Office Use Only

Date Submitted:	
Application No.	
Permit No.	

CITY OF TOPPENISH APPLICATION FOR FENCE PERMIT

Site Address:			
Use of Structure or Site Enclosed by Fence:			
Tax Parcel Number:	----- 11 digits	Zoning: <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> SP <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> M1 <input type="checkbox"/> M2	
Check all That Apply: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Accessory Building <input type="checkbox"/> Detached Garage <input type="checkbox"/> Carport/Patio Cover <input type="checkbox"/> Demolition <input type="checkbox"/> Parking or vacant lot: <input type="checkbox"/> Other: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Church	
Alteration or Repair – Construction Valuation Estimate:	<input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Alteration/Addition Description: _____		
Type of Fence: <input type="checkbox"/> -Wood <input type="checkbox"/> -Chain link <input type="checkbox"/> -Vinyl <input type="checkbox"/> -Stone Masonry or Brick <input type="checkbox"/> - Other _____ Number of Gates _____ Fence Height _____			
Property Owner:		Phone Number	
Address:	City	State	Zip
Email:			
General Contractor**		Phone	
Contractor License number:		Expiration date	
Contact		Cell Phone	
Address	City	State	Zip
Email		Cell Phone	

** All contractors and sub-contractors must have a current City of Toppenish Business License.

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This Section to be Completed Only for Construction Permits

Pursuant to RCW 19.27.095 (2)(i-ii) The requirements for a fully completed construction application must 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, address and phone number 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 project.

If for any reason the information requested below is not available must provide the information as soon as it can be reasonably obtained.

<input type="checkbox"/>	Lending Agency Name:	Phone:
Mailing Address		City: State: ZIP:
<input type="checkbox"/>	I acknowledge by checking this box that this project has no lending agency for construction financing.	
<input type="checkbox"/>	Bonding Agency Name:	Phone:
Mailing Address		City: State:
<input type="checkbox"/>	I acknowledge by checking this box that this project has no bonding agency.	

If you own the property and you are doing the work yourself, or acting as your own contractor, the following declaration must be completed:

I am the owner of the property subject to this application. I am applying for a construction permit from the City of Toppenish. All work will be performed by me or members of my immediate family. I am not a licensed general or specialty contractor. As the owner of this property I wish to be exempt from the provisions of RCW 18.27 in accordance with the exceptions allowed by RCW 18.27.090. I will abide by all provisions and conditions of the exemption as stated. I understand that this exemption is not applicable if I am performing this work for the purpose of selling, demolishing, or leasing the property.

I understand that in the event work is performed by an individual or firm that is not a registered contractor in the state of Washington:

1. I am exposed to liability in the event of an accident or other unforeseen circumstance; and
2. My construction permit from the City of Toppenish is subject to forfeiture.

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: _____

I hereby acknowledge that I have read this application and certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I agree to comply with all current codes, laws, regulations and permit requirements related to this project. I hereby grant to the City of Toppenish a right to enter onto the premises as described for this permit application for the purpose of making such inspections and tests as may be required.

Signature of Owner, Contractor or Authorized Agent.

Date

Print Name
Rev 1-20