

NAME: _____ PERMIT NO: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

LOT NO: _____, BLOCK NO. _____, MAP NO. _____

_____ ADDITION, JOSEPH, OREGON

TYPE OF FENCE: _____

HEIGHT: _____

ZONE: Commercial Residential Industrial

CORNER LOT: Yes No

I hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with effective Ordinances and resolutions of the City of Joseph and Statues of Oregon, despite any errors on the part of the issuing authority in checking this application.

SIGNATURE OF APPLICANT: _____

DATE: _____

Approved by Inspecting Public Works Director _____

Date Approved _____

City of Joseph
Fence Authorization Permit