

**CITY OF MIDLAND**  
**NO FEE FENCE/ WALL PERMIT APPLICATION**

**1. JOB LOCATION**

Name of business \_\_\_\_\_

Street Address \_\_\_\_\_

**2. BUILDING OWNER/ LESSEE INFORMATION**

Name of owner/ lessee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**3. FENCE/ WALL CONTRACTOR INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

State License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type of License \_\_\_\_\_

**4. TYPE OF STRUCTURE:**      FENCE: \_\_\_\_\_      WALL: \_\_\_\_\_

**MATERIALS USED:** \_\_\_\_\_

**5. ADDITIONAL REQUIRED INFORMATION:**

Plans and specifications showing the dimensions and location of the fence/ wall in relation to nearby buildings, structures, and property lines. (Please indicate on diagram on reverse side of this page.)

**6. A FENCE/ WALL PERMIT SHALL BECOME NULL AND VOID IF THE WORK FOR WHICH THE PERMIT IS ISSUED HAS NOT BEEN COMPLETED WITHIN A PERIOD OF SIXTY DAYS AFTER THE DATE OF THE PERMIT.**

**7. APPLICANT SIGNATURE:**

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY AND STATE LAWS REGULATING WALLS AND FENCES.  
*(City of Midland Zoning Ordinance, Article 7.)*

SIGNATURE OF PERMITTEE \_\_\_\_\_ DATE \_\_\_\_\_

