



City of Milton

13000 Deerfield Parkway Suite 107 F Milton Georgia 30004

P: 678-242-2500 ~ F: 678-242-2550

FENCE & RETAINING WALL PERMIT APPLICATION

Permit No: _____

SITE AND PROJECT INFO.
OWNER'S INFORMATION
CONTRACTOR'S INFO.
STAFF

Application Date: ___ / ___ / ___

Check one: [] Non-Residential [] Residential

Site Address: _____ Construction Cost: \$ _____

Lot: _____ Block: _____ Building No.: _____ Suite No. _____ LDP No.: _____

Height above grade: _____ *Material: _____ Linear Ft/Length: _____

**Walls that are six (6) feet and over and that are poured Cast-In-Concrete require calculation details.*

Electronic Gate? [] Yes OR [] No Subdivision or Project Name: _____ Phase/Unit: _____

Number of Walls Permitted: _____ Location on Lot: _____

FOR ENTRANCE WALLS ONLY: Will this wall have a sign constructed on it? [] Yes OR [] No
If YES, provide Sign Permit Number: # _____

Owner Name _____

Owner Mailing Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-Mail _____

Business Name _____ Agent _____

Business Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-Mail _____

Business License Number: _____ City or County Where Issued: _____

Escrow Account Number: _____

APPLICANT'S CERTIFICATION

I hereby certify that the site described herein will be constructed and/or used in accordance with all applicable zoning ordinances and laws governing the City of Milton.

Applicant's Signature _____ Date _____

Zoning Information:

Zoning: _____
Case#: _____
Lot Width: _____
Lot Depth: _____

Minimum Setbacks:

Front: _____ Rear: _____
Right Side: _____
Left Side: _____

Land Information:

District: _____
Section: _____
Land Lot: _____
Unit No.: _____

Census/ARC/ Indemnification/Penalty

Census Code: _____
ARC Approval Date: _____
Indemnification
Complete? _____
Penalty? [] Yes [] No

Processed By: _____ Date: ___ / ___ / _____ ARC Fee: \$ _____ Total Permit Fee: \$ _____