



Fence Permit Application

Date Applied: _____ Valuation of Project: _____

Project Address: _____

Description of Work: New Replacement Repair Other _____

Total linear feet of fence: _____ Fence height: _____

Fence type / material: _____

***Metal posts required**—post holes must be 2 ft. deep

Applicant Name: _____

Applicant Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

General Contractor: _____

Contractor Address: _____ City: _____ State: _____ Zip: _____

Business Phone #: _____ Cell Phone #: _____

E-Mail address: _____

*Site plan with details must be submitted for review at the time of application.

Site plan attached: Yes No If no, explain: _____

By signing below, I (we) agree to applicable fees, inspections and any required re-inspections (including fees) associated with this application.

Applicant Signature: _____ Printed Name: _____

www.wstx.us | permits@wstx.us | 817-246-4971 ext. 871 or 779

Approved by: _____ Denied by: _____ Date: _____

If denied, state reason _____

Fee: _____

Permit Number: _____