



FENCE PERMIT APPLICATION

Town of Seven Devils
1356 Seven Devils Rd.
Seven Devils, NC 28604
(828) 963-5343/ (828) 963-7418 (f)

DATE: _____

OWNER: _____

MAILING ADDRESS: _____

TELEPHONE: _____

Please provide plot plan showing location of fence and lot boundaries and distances from fence to property lines. Corners must be clearly marked in the field.

MATERIAL FENCE IS TO BE CONSTRUCTED WITH: _____

***The undersigned agrees to conform to the requirements of Town of Seven Devils Ordinances.**

APPLICANT: OWNER
CONTRACTOR

DATE

SEVEN DEVILS ZONING ADMINISTRATOR

DATE