



MARK R. JOHNSON  
Mayor

# CITY OF COVINGTON

BUILDING PERMITS OFFICE

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## FENCE PERMIT APPLICATION

\_\_\_\_\_  
JOB ADDRESS & UNIT NUMBER

\_\_\_\_\_  
OCCUPANT / OWNER NAME

\_\_\_\_\_  
CONTRACTOR NAME

\_\_\_\_\_  
OCCUPANT / OWNER PHONE(S)

\_\_\_\_\_  
CONTRACTOR PHONE

\_\_\_\_\_  
OWNER ADDRESS, IF DIFFERENT

\_\_\_\_\_  
CONTRACTOR ADDRESS

\_\_\_\_\_  
OWNER EMAIL

\_\_\_\_\_  
JOB SUPERVISOR

\_\_\_\_\_  
CONTRACTOR EMAIL

**FENCE SUBMITTAL INFO:** Please include the following with the application: *(separate sheet)*

- Detailed drawing that shows the existing and proposed fence height(s) and location(s), dimensions and locations of the property lines, street(s), building footprints(s), and the north arrow.
- For non-residential properties, you must provide authorization from the property owner. You must also show the location of all gates.

### PROPOSED FENCE & PROPERTY INFORMATION:

- Corner Lot       Interior Lot      Zone District: \_\_\_\_\_  
 Residential       Non-Residential or Mixed Use

	FRONT YARD	NON-PRIMARY FRONT	SIDE YARD	REAR YARD
Height				
Length				
In street side of				
Corner lots				
Gate for vehicles opens toward	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Material				
Style (Privacy or 50% open)				

Fences shall be constructed so that the finished sides face the street or public space and the posts face the owner's property.

**VALUATION OF FENCE:** \$ \_\_\_\_\_ (Labor & Material Cost)

NOTE: The property owner is solely responsible for ascertaining true and correct locations of all property, right-of-way and easement lines. If encroachments on land other than that owned by the property owner are discovered after installation of improvements, the property owner may be required to remove the improvements at their own expense. This permit certifies you agree to comply with all applicable regulations as stated herein.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Submitted