CAPITOL ZONING DISTRICT COMMISSION
PERMIT APPLICATION FOR FENCING

PROPERTY ADDRESS ________________________________

PROPERTY OWNER _____________________________________________________________________________

PERSON FILING APPLICATION __________________________________________________________________
if other than owner, complete the Authorization of Representation statement provided.

APPLICANT PHONE __________________________ EMAIL __________________________

MAILING ADDRESS _____________________________________________________________________________

APPLICANT SIGNATURE ___________________________________________ DATE __________
Signature certifies that applicant is authorized to represent this property, and that all information presented in this application, as well as in any supporting materials, is true and correct to the best of the signatory’s knowledge.

DESCRIPTION OF PROPOSED WORK
This permit is for new fences and replacement of existing fences. Attach as many pages or supporting materials as necessary. An application is not complete until all applicable supporting materials have been submitted to staff. Electronic submittals (email, scanned documents, PDFs, digital images, etc.) are welcome. You may submit the application in person or by mail at 1100 North St., Little Rock, AR, or via email at capitol.zoning@arkansas.gov. Please call 501.324.9644 or email capitol.zoning@arkansas.gov if you need assistance.

What is the proposed material of the fence? ________________________________________________

Attach:
1) A drawing of the proposed fence location, shown on a survey from a registered Land Surveyor within the last five years*, showing the distance from all property lines and indicating the height of the fence at each location; and
2) A description of the fence; and
3) If the fence will be made in/with any pattern or design (e.g., pickets, ornamental metal, with finials or caps, etc.), include a drawing of the proposed design; and
4) Attach quote from fence contractor, if available.

*City of Little Rock building permit requirement
AFFIDAVIT

I, _______________________________ certify by my signature below that I hereby authorize __________________________ to act as my agent regarding the __________________________ of the below described property.

Property described as:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

__________________________________________  __________
Signature of Title Holder  Date

Subscribed and sworn to me a Notary Public on this __________________ day of __________________________.

______________________________
Notary Public

My Commission Expires:

_________________________