



Permit Number:

FENCE PERMIT APPLICATION

Date Received: _____

Date Approved: _____

Address of Project:

Owner Name: _____

Contractor: _____

Contractor Address: _____ Phone: _____

Contractor E-mail: _____

*** Please attach specifications showing the location of the fence with property dimensions and distance from property lines.**

Applicant/Contractor Signature:

FEE: \$100.00

City of Valley View – 101 S. Frontage Rd. – Valley View, Texas 76272

Phone: 940-726-3740 – Fax: 940-726-6253

<https://www.cityofvv.com/>