



**CITY OF HYATTSVILLE  
OFFICE OF CODE ENFORCEMENT  
4310 Gallatin Street – Hyattsville, MD 20781  
301-985-5000 FAX – 301-985-5007**

**Permit No.**

**BUILDING**  
Type: Fence

**CONSTRUCTION**  
Type: Wood

**CHAIN LINK**  
Vinyl

Date of Application:

Lot No:

Subdivision:

Zoning Class:

Election Dist.:

Date of Issue:

Block No.:

Tax ID No:

Intended Use of Property:

Address of Property:

Owner Property (Name and Address:)

Work Description

Occupants Name (Individual/business name where applicable)

Architect's Name and Address (if applicable)

Applicants Name and Address:

Contractor's Name: (if applicable)

Conditions:

Fee:  
Filing Fee:  
Balance Due:

Value at Completion:

County Permit Number:

Date of Issue:

Approved by Chief Building Official:

Date:

I do solemnly declare and affirm, under the penalties of perjury, that I, the owner, or agent of the owner authorized to perform the proposed work, hereby certify that the application and contents are true and correct, that construction will conform to all current Building, Zoning and Handicap Accessibility Code requirements and that I am authorized to make this application. I understand that issuance of this permit does not exempt the proposed work from the conditions of permits required by other agencies and that this permit will expire six (6) months from the date of issue, if no work has begun.

Signature of Applicant: