

Town of Byhalia
P.O. Box 412 – 225 Hwy. 309 South
Byhalia, Mississippi 38611
Telephone (662) 838-2135
Fax (662) 838-3709

FENCE PERMIT APPLICATION

Fee Due: _____ Permit # _____ Receipt# _____
Recording Fee: \$1:00 Check# _____
Total Fees: _____ 811# _____ Cash _____

Application is hereby made for a Fence Permit under the provision of an ordinance of the Town of Byhalia MS. And the undersigned applicant hereby represents that all answers to questions herein propounded and maps attached are true, that the permit applied for, if granted on the representation herein, made and that any permit issued hereunder may be revoked without notice on a breach of representation of conditions.

Subdivision: _____ Lot # _____ Zoning _____

OWNER OF PREMISES: _____

Phone: Home _____ Cell _____

Address of OWNER: _____

PREMISES OCCUPIED BY: _____ OWNER _____ TENANT

OCCUPANT OF PREMISES: _____

PHONE #: _____

Address of OCCUPANT: _____

FENCE CONTRACTORS: _____

Phone: Office _____ Cell _____

CONTRACTOR'S Address: _____

TYPE OF FENCE: _____ HEIGHT: _____

Date to begin CONSTRUCTION: _____

TOTAL COST OF IMPROVEMENTS (FENCE): _____

If construction of this fence is not started within six (6) months, this permit is void and must be renewed.

It is understood that any permit issued on the application will not grant any right or privilege to erect any structure or use of the premises herein described for any purposed that is prohibited by the zoning regulations.

APPLICANT/CONTRACTOR SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____