



CITY OF WALHALLA

Zoning & Code Administration

206 N Church St. • P.O. Box 1099 • Walhalla, SC 29691 • (864) 638-4343 • Fax (864) 638-4357 • www.CityofWalhalla.com

Permit No: _____

Fence Permit

Amount Paid
Validation

Applicant: _____ Owner?: Yes No Date: _____

Applicant Address: _____ City: _____ State: _____

Phone Number: _____ Email: _____

Project Location: _____ City: Walhalla State: SC

Zoning District: _____ Is the Project Subject to Downtown Design Guidelines? Yes No

Fence Type: _____ Is it over 8ft in height? Yes No

Fence Location: Front Yard Yes No

Side Yard Yes No

Rear Yard Yes No

Estimated Project Cost:

\$ _____

Engineer Stamp Required for Fence? Yes No

Contractor Required for Installation? Yes No

If Yes, Contractor/Business Name: _____

Address: _____ City: _____ State: _____

Does Contractor Have a City Business License? Yes No

Phone Number: _____ Email: _____

If application was completed by someone other than the property owner:

Owner Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____

(Affidavit to be completed by authorized agent of the owner)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Agent Signature _____ Date: _____

Print Name _____

Approved? Yes No If no, Reason _____

By _____ Title _____ Date _____