### FENCES AND WALLS
(Not Retaining Walls)

**PLANNING & COMMUNITY DEVELOPMENT**
eastpointcity.org
2757 East Point Street, East Point, GA 30344 * Phone: (404) 270-7212 * Fax: (404) 270-2784

**Submittal Requirements**

<table>
<thead>
<tr>
<th>Required Documents</th>
<th>Homeowner Documents</th>
<th>Contractor Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. One (1) hardcopy copy of plans (min. 11”x17” paper) and one (1) digital copy of plans (pdf format) showing the proposed fence/wall (i.e., location, height, material(s), length, etc.)</td>
<td>2. Homeowners Affidavit</td>
<td>2. Business License</td>
</tr>
<tr>
<td>3. Permit Fees. Fees are non-refundable and Permit is non-transferable.</td>
<td>3. Proof of Homeownership: *Homeowner’s Insurance Policy *Deed or Property Tax Bill (if Insurance can’t be provided)</td>
<td>3. State License (if applicable)</td>
</tr>
<tr>
<td>Site Plan: Fulton County Board of Assessors</td>
<td>4. East Point’s Authorized Agent Form (if representing Homeowner)</td>
<td>4. East Point’s Authorized Agent Form (if representing State Card Holder)</td>
</tr>
<tr>
<td>+</td>
<td>OR</td>
<td>5. If Applicable: Bond Form (issued by Insurance Co.) or Waiver Form (completed by property owner)</td>
</tr>
</tbody>
</table>

**PROJECT ADDRESS:**

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**CONTRACTOR:**

- If not Contractor, (Specialty): ____________________________

Name: ____________________________

Company Name: ____________________________

Address: ____________________________ Suite: ________ E-mail: ____________________________

City: ____________________________ State: ________ Zip: ________

Business License #: ____________________________ State Card #: ____________________________

**PROPERTY OWNER:**

Name: ____________________________

Company Name: ____________________________

Address: ____________________________ Suite: ________ E-mail: ____________________________

City: ____________________________ State: ________ Zip: ________

**PROJECT DETAILS:**

- Commercial
- Residential

**ESTIMATED VALUE:** $________

Description of Work:

- ____________________________________________
- ____________________________________________
- ____________________________________________

**SIGNATURE**

My signature below certifies that I will personally supervise this installation:

Print Name: ____________________________ Signature: ____________________________ Date: ____________________________

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This application is not a permit until fees are received and plans are approved. Any work prior to permit issuance is prohibited.

Accepted forms of payment: Cash, Credit Card, ATM Card, Cashier’s Check, Business Check or Money Order. Fees are non-refundable.

**TOTAL FEES:** $________

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To Be Signed by Applicant at Time of Issuance:

Date: ____________________________ Print: ____________________________ Signature: ____________________________