



*City of Mount Rainier*

*One Municipal Place Mount Rainier, MD 20712*

*Phone: (301)985-6585 Fax: (301) 985-6595*

*Mountrainiermd.org*

## APPLICATION FOR FENCE APPLICATION

### PROPERTY INFORMATION

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Address \_\_\_\_\_

Lot # \_\_\_\_\_ Block # \_\_\_\_\_ or Liber \_\_\_\_\_ Folio \_\_\_\_\_ Parcel \_\_\_\_\_

Lot Size \_\_\_\_\_ sq.ft. Current Lot Coverage \_\_\_\_\_ sq.ft. Lot Coverage after project \_\_\_\_\_ sq.ft.

Front Setback \_\_\_\_\_ Rear Setback \_\_\_\_\_ Side Setback \_\_\_\_\_

Structure rated \_\_\_\_\_ in Mount Rainier Historic District National Register (Rated A-G)

### PROJECT INFORMATION

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Fence:  Existing  New

Fence Type:  Wood  Metal  Chain Link  Other \_\_\_\_\_

Repair

Estimated cost by Contractor \_\_\_\_\_ Est. Cost by Department \_\_\_\_\_

### IDENTIFICATION

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Property/Homeowner Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Property Homeowner is permit applicant

Contractor Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

MHIC No. \_\_\_\_\_

Contractor is permit applicant

Tenant Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tenant is permit applicant

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**APPLICATION CHECKLIST**

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**ALL** of the following are required with the submission of your application:

Drawing attached

Please attach house location with property lines, the location of the house on the property, on the street. If the property is a corner lot show location of the fence and height of the fence. If the fence will be built on top of an existing wall or retaining wall, this must be shown. Finished side of fence must face street or abutting property.

Site inspection if needed – Call Code Enforcement for appointment (301.985.6551)

Mount Rainier Fence Permit Application

Reviewed the Fence Code – Chapter 12

**FEE CALCULATIONS**

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**\$35.00 fee for Fence Permit**

**PERMIT APPLICANT SIGNATURE**

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I hereby certify that the information on this application is true and correct. I have reviewed all deed restrictions that may apply to this construction and am aware of my responsibility thereunder. I certify that the proposed work is authorized by the owner of record and I have been authorized to make this application as the property owner(s) authorized agent. Further I agree to conform to all applicable laws and ordinances of the City of Mount Rainier.

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Printed Name

Signature

Date

**PLEASE ALLOW ONE WEEK FOR PROCESSING ALL PERMIT REQUESTS**

**For Official Use Only**

Permit Approved

Type of Permit Fee Paid \_\_\_\_\_ Receipt \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_