



FENCE ZONING PERMIT CASE # FZ _____
COMMUNITY DEVELOPMENT DEPARTMENT
 1203 N. HUDSON/2ND FLOOR/PO Box 1188
 SILVER CITY, NM 88062 (505) 534-6357 FAX (505) 534-6381

*A Zoning Permit is required prior to the construction of a fence that is closer than five feet to the primary structure of the lot on which the fence will be located. If the fence is higher than six feet or a retaining wall of any height, a Building Permit is also required. *NOTE: Please fill out entire application and submit with documents listed below. Incomplete applications will not be accepted.*

REQUIRED DOCUMENTS:

- Site plan of project showing setbacks and footprint of all structures within property boundary;
- Proof of ownership – please attach copy of deed or survey
- Engineered plans for retaining walls

APPLICATION DATE: _____

APPLICANT/CONTACT INFORMATION:

Name: _____ Proprietary interest in property: _____
 Property street address: _____
 Mailing address: _____
 Phone: _____ Alternate phone: _____ Fax: _____

PROPERTY OWNER INFORMATION (IF APPLICANT IS NOT OWNER AUTHORIZATION LETTER FROM PROPERTY OWNER IS REQUIRED):

Name: _____ Phone: _____
 Mailing Address: _____

PROPERTY INFORMATION:

Project name: _____
 Property street address: _____ Adjacent streets? _____
 Zoning (please circle one): Rural Residential A Residential B Residential C Commercial Industrial
 Located in floodplain? No Yes: FEMA map # _____

LEGAL DESCRIPTION (copy of deed or survey is required):

Platted: Lot(s) _____ Block(s) _____
 Subdivision/Addition _____
 Section _____ Township _____ Range _____
 Total area: _____ acres or sq. ft Property code: 3- _____ - _____ - _____

(The property code # can be obtained from the County Assessor's Office or from the tax bill)

ALL APPLICANTS MUST SIGN HERE

**FOR USE BY GRANT COUNTY
CLERK ONLY**

As the Applicant, I state that the information provided in this Application and all attachments is true and accurate to the best of my knowledge.

Applicant: _____

Date: _____

FOR STAFF USE ONLY

REQUIREMENTS:

_____ Setbacks (Table 3.4.2)

_____ Fire Safety Code (when applicable)

_____ Retaining wall plans (when applicable)

APPROVAL:

Fire Department

Approved/Not approved on _____ by _____

Assistant Engineer

Approved/Not approved on _____ by _____

Fee:\$ _____ cash/ck.# _____ Paid: _____ Receipt #: _____

FINAL APPROVAL:

Approved/Not approved on _____ by _____

NOTES:

ATTACHMENTS: