



CAPITOL ZONING
DISTRICT COMMISSION

CAPITOL ZONING DISTRICT COMMISSION PERMIT APPLICATION FOR FENCING

PROPERTY ADDRESS _____

PROPERTY OWNER _____

PERSON FILING APPLICATION _____

if other than owner, complete the Authorization of Representation statement provided.

APPLICANT PHONE _____ EMAIL _____

MAILING ADDRESS _____

APPLICANT SIGNATURE _____ DATE _____

Signature certifies that applicant is authorized to represent this property, and that all information presented in this application, as well as in any supporting materials, is true and correct to the best of the signatory's knowledge.

DESCRIPTION OF PROPOSED WORK

This permit is for new fences and replacement of existing fences.

Attach as many pages or supporting materials as necessary. An application is not complete until all applicable supporting materials have been submitted to staff. Electronic submittals (email, scanned documents, PDFs, digital images, etc.) are welcome. You may submit the application in person or by mail at 1100 North St., Little Rock, AR, or via email at capitol.zoning@arkansas.gov. Please call 501.324.9644 or email capitol.zoning@arkansas.gov if you need assistance.

What is the proposed material of the fence? _____

Attach:

- 1) A drawing of the proposed fence location, shown on a survey from a registered Land Surveyor within the last five years*, showing the distance from all property lines and indicating the height of the fence at each location; and
- 2) A description of the fence; and
- 3) If the fence will be made in/with any pattern or design (e.g., pickets, ornamental metal, with finials or caps, etc.), include a drawing of the proposed design; and
- 4) Attach quote from fence contractor, if available.

*City of Little Rock building permit requirement



Capitol Zoning District Commission
1100 North Street • Little Rock, AR 72201



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AFFIDAVIT

I, _____ certify by my signature below that I
hereby authorize _____ to act as my agent regarding
the _____ of the below described property.

Property described as:

Signature of Title Holder

Date

Subscribed and sworn to me a Notary Public on this _____ day of

_____.

Notary Public

My Commission Expires:

