

Town of Gambo
P.O Box 250
Gambo, NL A0G 1T0

TELEPHONE: (709)-674-4476

APPLICATION TO ERECT OF REPAIR FENCE

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____

Height of Fence: _____

Materials to be Used: _____

Top of Fence Uniform or Symmetrical in Height?: _____

Location: _____

Estimated Cost: _____

**Distance from Street Line or
Property chime "if applicable":** _____

Estimated Start Date: _____

I, _____, hereby apply for permission to erect/repair
a fence. I declare that all the information given above is true and correct to the best
of my belief and the fence will be erected in accordance with Municipal Regulations.

For Office Use Only:

Permit Approved/Rejected: _____

Permit Number: _____

Date: _____

Signature: _____