

Certification of Ownership (Gateway Overlay Fence Permit)

Development Services Department – Planning & Zoning Division
City of Panama City, City Hall, 501 Harrison Avenue, 2nd Floor, Room 217, Panama City, FL 32401
Phone: 850-872-3025 | Email: planning@panamacity.gov | Website: www.panamacity.gov

By printing my name and signature below I hereby certify that I am the owner of record of the property described and that I approve of the requested action(s) herein and hereby petitions the City of Panama City for a fence within the Gateway Overlay. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application. I understand that Development Services Department staff have 30 days to review all fence permit applications to ensure compliance with the Unified Land Development Code.

By printing my name and signature below I hereby authorize the City staff to enter upon my property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that the Gateway Overlay Fence Permit expires 90 days from the day of issuance. I also understand that all fees are non-refundable and failure to adhere to the rules outlined in this application will require automatic removal of the fence. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is complete. I understand that an incomplete application will result in a delay in processing.

Certification of Ownership	
Property Owner Name (Print): _____	
Property Owner's Signature: _____	
STATE OF _____	COUNTY OF _____ Sworn to and
subscribed me	
this _____ day of _____, 20____, By _____,	
the applicant is personally known to	
me or has produced _____ as identification. Notary Public:	

My Commission Expires: _____	NOTARY STAMP:

Authorization of Applicant/Agent/Representative (Gateway Overlay Fence Permit)

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By printing my name and signature below I hereby certify that I am the authorized agent and primary contact during the Development Order review process and the requested action(s) herein and hereby petitions the City of Panama City for a fence within the Gateway Overlay on behalf of the property owner. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application. I understand that Development Services Department staff have 30 days to review all fence permit applications to ensure compliance with the Unified Land Development Code.

I understand that City staff may enter upon the property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that the Gateway Overlay Fence Permit expires 90 days from the day of issuance. I also understand that all fees are non-refundable and failure to adhere to the rules outlined in this application will require automatic removal of the fence. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is complete. I understand that an incomplete application will result in a delay in processing.

Owner Authorization of Applicant, Agent or Representative

*If the applicant is not the property owner and the owner is allowing the applicant to act on their behalf, a notarized signature of the owner is required.

Property Owner Name (Print): _____

Property Owner's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and subscribed me

this _____ day of _____, 20_____, By _____, the

applicant is personally known to me or has produced _____ as identification.

Notary Public: _____

My Commission Expires: _____ NOTARY STAMP: _____

Authorized Applicant, Agent or Representative

Applicant/Authorized Agent Name (Print): _____

Applicant's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and subscribed me

this _____ day of _____, 20_____, By _____, the

applicant is personally known to me or has produced _____ as identification.

Notary Public: _____

My Commission Expires: _____ NOTARY STAMP: _____