

**HERNANDO COUNTY BUILDING DIVISION  
FENCE REGISTRATION**

**NOTE: Only Commercial Properties and Residential Properties (7 feet or higher) require a permit**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contractor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Address City State Zip Code

Home Address: \_\_\_\_\_  
Address City State Zip Code

Business Phone: (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_ Driver's License \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**\*Please email this form and the required documents below to\* [contractorlicensing@hernandocounty.us](mailto:contractorlicensing@hernandocounty.us)\***

1. Certificate of Liability Insurance and Workers Compensation with Hernando County Building Division, 789 Providence Blvd., Brooksville, FL 34601 as the Certificate Holder.

2. Copy of current driver's license or other identification with photo and signature. **(COLOR PLEASE)**

**I hereby confirm the above stated information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature of License Holder**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

☐ Personally Known OR ☐ Produced Identification

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Type of Identification Produced