

**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****

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