Electric and / or barbed wire fence

City of Coeur d'Alene



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This request is made by submitting the following information to the Planning Department:

1. The completed attached form;

2.	A set o	of drawings (as described in the attached form);					
3.	Other	r information as may be required by the Planning Department;					
Please	Please type or print the following required information:						
APPL	ICANT	Т:					
	Name Mailing	e of Applicant:					
	Teleph	phone Number:					
Filing	Capacit	ity:					
	1.	Recorded property owner as of(date)					
	2.	Purchasing (under contract) as of(date) (date)					
	3.	The Lessee or Renter as of (date) (date)					
	4.	(date) The authorized agent of any of the foregoing, duly authorized in write (Written authorization must be attached to the application)	ng.				
_	PERTY: Descrip	: ption of property:					
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Addre	ss(es) c	of property:					
							

or to ap	ATION: Attach site and/or building plans which illustrate the request. oproving a request for an electric and/or barbed wire fence, the City Council must midings in support of the request. The BURDEN OF PROOF for why the electric and/or barben is necessary rests on the applicant. Your narrative should address the following points:	nake rbed
A.	Why is the electric and/or barbed wire fence needed?;	
B. safe	How will the use of the electric and/or barbed wire fence not constitute a hazard to public ety?	
	Any other justifications that you feel are important and should be considered by the Council.	

CERTIFICATION OF APPLICANT *
I,, being duly sworn, attests that he/she is the applicant of this
(insert name of applicant) request and knows the contents thereof to be true to his/her knowledge.
Signed:
(applicant) Notary to complete this section for applicant:
Subscribed and sworn to me before thisday of, 20
Notary Public for Idaho Residing at:
My commission expires:
Cinn a di
Signed: (notary)
OFFICION TION OF PROPERTY OWNERS OF RECORD #
CERTIFICATION OF PROPERTY OWNER(S) OF RECORD *:
I have read and consent to the filing of this application as the owner of record of the area being considered in this application.
Name: Telephone No.:
Address:
Signed by Owner:
Notary to complete this section for all owners of record:
Subscribed and sworn to me before thisday of, 20
Notary Public for Idaho Residing at:
My commission expires:
Signed:(applicant)
*For multiple applicants or owners of record, please submit multiple copies of this page.
For City use only: Received: City Cashier: Date:
Accepted: Planning: Date:
Date Stamp here