



Town of Apple Valley

Wall/ Fence Height Permit Submittal Requirements



Application Processing Fee \$39.00

In accordance with Development Code Section 9.37.070(B) , with Planning Division approval, the Town of Apple Valley allows for a wall or fence above six (6) feet in height, up to a maximum of eight (8) feet in height, as measured from the lowest grade adjacent to either side of the wall, where such wall or fence separates a commercial or industrial use from an existing residential use or residentially zoned property. In addition to obtaining Planning Division approval, a Building Permit is also required for any wall exceeding six (6) feet in height. All other applicable Zoning Code requirements shall also apply.

Listed below are the fees and materials that must be submitted with your application for a Wall/Fence Height Permit. The project application will not be accepted for processing unless all requested information and materials have been submitted and determined to be complete and adequate. Upon initial review of the project, additional materials and/or technical studies may be required prior to determining that the application is complete.

MATERIALS REQUIRED

- ❑ 1. Completed Application Form.
- ❑ 2. Completed Owners Authorization form listing all adjacent property owners, including names, addresses and signatures.
- ❑ 3. Three (3) sets of plans drawn to scale, preferably 1"=20', 1"=30' or 1"= 40' scale.
 - ❑ Plans shall include, but are not limited to:
 - ❑ Scale, north arrow and vicinity map
 - ❑ Location and heights of all walls or fences with details of materials to be used for construction. **Note: The fence or wall shall be architecturally and aesthetically consistent with the primary commercial or industrial structure built on site.**
 - ❑ Height differentials from abutting property if fence/wall is located on a property line.
 - ❑ Required setbacks and distances between buildings and/or structures.



A Better Way of Life

Town of Apple Valley Wall/ Fence Height Permit Application



FOR TOWN USE ONLY

Date Submitted: _____ Case No. _____ Received by: _____

Planning Fee: _____ Zoning _____

Application Processing Fee \$37.00

Project Address _____

APPLICANT INFORMATION

Property Owner _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Representative _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Telephone _____

Fax _____ Email _____

Assessor's Parcel No. (s) _____ Tract _____ Lot _____

Property Size: Gross acres _____ Net Acres _____ Square Feet _____

General Plan Designation _____ Zoning _____

OWNER'S AUTHORIZATION AND AFFIDAVIT

I am/We are the legal owner(s) of said property and do hereby certify that all the foregoing information is true and correct and recognize that if any information proves to be false or incorrect the Town shall be released from any liability incurred and any permits or approvals may be null and void.

Signature(s) of Legal Owner(s) _____ Date _____

_____ Date _____

This will serve to notify you and verify that I am/we are the legal owner(s) of the property described in the project application and do hereby authorize the listed representative to file this and represent my/our interest in the application.

Signature _____

(A letter of authorization form may be submitted in lieu of the legal owner's signature.)

Signature of Representative _____ Date _____

Location and Height for Commercial/Office and Industrial Districts: A Wall Height Permit shall be required for a wall or fence above six (6) feet in height, up to a maximum of eight (8) feet in height, as measured from the lowest grade adjacent to either side of the wall. All

The Town of Apple Valley

20440 Highway 18 • P.O. Box 429, Apple Valley, CA 92307 • (760) 240-7000 • Fax: (760) 240-7399

adjacent property owners are required to provide authorization that they are in agreement with the construction of the proposed wall/fence.

Date _____

(Please use additional sheets as needed for authorizations)

Project location/property Address: _____

Assessor's Parcel Number _____

Property Owner: _____ Phone: (____) _____

Owner Address: _____

City: _____ State _____ Zip: _____

1. Adjacent Property Owner: _____

APN: _____

Address: _____

City: _____

Signature _____ **Date** _____

2. Adjacent Property Owner: _____

APN: _____

Address: _____

City: _____

Signature _____ **Date** _____

3. Adjacent Property Owner: _____

APN: _____

Address: _____

City: _____

Signature _____ **Date** _____

4. Adjacent Property Owner: _____

APN: _____

Address: _____

City: _____

Signature _____ **Date** _____

5. Adjacent Property Owner: _____

APN: _____

Address: _____

City: _____

Signature _____ **Date** _____

6. Adjacent Property Owner: _____

APN: _____

Address: _____

City _____
Signature _____ Date _____

7. Adjacent Property Owner: _____

APN: _____

Address: _____

City _____

Signature _____ Date _____

8. Adjacent Property Owner: _____

APN: _____

Address: _____

City _____

Signature _____ Date _____