

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Contract. No.: \_\_\_\_\_

Legal Desc.: \_\_\_\_\_ Field No.: \_\_\_\_\_ County: \_\_\_\_\_

A copy of the standards and specifications for fence, practice code 382, and/or the standard drawing may be provided for additional detail.

1. **TYPE OF FENCE:** \_\_\_\_\_

2. **LINE WIRE:**

	Units	Planned	Installed
A. Barbed or smooth wire	kind		
1. Single or double strand	number		
2. Size	gage		
3. Number of line wires	number		

	Units	Planned	Installed
B. Woven wire			
1. Height of woven wire	inches		
2. Size of top and bottom strands	gage		
3. Size of intermediate and stay wires	inches		
4. Spacing of stay wires	inches		

	Units	Planned	Installed
C. Splice used	kind		

	Units	Planned	Installed
D. Height of wire above ground			
1. Top wire	inches		
2. Bottom wire	inches		

3. **POSTS:**

	Units	Planned	Installed
A. Corner Post			
1. Kind	material		
2. Treatment (if needed)	type		
3. Length	feet		
4. Top diameter	inches		
5. Depth in ground	feet		

	Units	Planned	Installed
B. Braces			
1. Kind	material		
2. Length	feet		
3. Size	inches		
4. Height above ground	feet		
5. Installed at all corners, gates, and angles	yes/no		

	Units	Planned	Installed
C. Tension Wires			
1. Size wire	gage		
2. Number of strands	number		
3. Distance from top of brace posts	inches		
4. Dead man used	yes/no		
5. Brace wire twisted to secure brace	yes/no		

	Units	Planned	Installed
D. Pull assembly	number		

E. Line posts	Units	Planned	Installed
1. Kind	material		
2. Treatment	kind		
3. Length	feet		
4. Top diameter (wood only)	inches		
5. Weight (steel only)	lbs/ft		
6. Depth in ground	feet		
7. Post spacing	feet		
8. Wire stays (per fence panel)	number		

**4. STAPLES AND/OR WIRE FASTENERS:**

	Units	Planned	Installed
A. Staples	size		
B. Manufacturer's clip	type		
C. Galvanized wire (15 gage or heavier)	yes/no		
D. Other (specify)			

**5. LENGTH OF FENCE:**

	Units	Planned	Installed
	feet		

Method used to determining **Planned** length: \_\_\_\_\_

Method used to determining **Installed** length: \_\_\_\_\_

See Attached Plan Map for Location and Layout

Narrative:

**Planner/Technical Service Provider:**

Designed by \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Producer's Statement**

The design of the practice has been discussed with me, and I concur with the design. **No used materials are allowed for construction without the approval of the technical service provider/planner.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification**

This applied practice **meets all** Florida standards and specifications for Fence 382.

Planner/Technical Service Provider \_\_\_\_\_ Date \_\_\_\_\_