



**BALTIMORE CITY HEALTH DEPARTMENT  
OFFICE OF ANIMAL CONTROL**  
2490 Giles Road  
Baltimore, Maryland 21225  
410-396-4698



**ELECTRONIC FENCE EXEMPTION APPLICATION**  
*BALTIMORE CITY HEALTH CODE, TITLE 10*

Name of Applicant:		Date:
Home Address of Applicant:		
Telephone:	Cell:	E-mail:
Property Owner (if different than applicant):		
Telephone:	Cell:	E-mail:
Type of Animals:	Name of Animals:	
Current Number of Animals:	License Tag Numbers:	
<p>PLEASE ATTACH TO THIS APPLICATION:</p> <ul style="list-style-type: none"> <li>• If a lessee, a written consent from the property owner;</li> <li>• Site plan for the electronic fence, including the property lines, dimensions, and existing structures;</li> <li>• A written statement by the applicant that the applicant: 1. understands that approval of the fence in no way relieves the applicant of responsibility for control of his/her dog and any damages caused by his/her dog; and 2. continues to accept responsibility for the dog and its actions, including any damages to the dog, the applicant, and third parties resulting from the applicant's dog, and the use of an electronic fence to contain the dog; and</li> <li>• Provide proof that the animal is spayed or neutered</li> </ul>		
<p>THE HOLDER OF THE PERMIT SHALL COMPLY WITH THE APPROPRIATE PROVISIONS OF THE BALTIMORE CITY CODE AND THE ANNOTATED CODE OF MARYLAND AND OTHER APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS. THE PERMIT IS NON-TRANSFERABLE TO OTHER PERSONS OR LOCATIONS.</p>		
<p>BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE COMPLIED WITH ALL OF THE REQUIREMENTS OF THE BALTIMORE CITY HEALTH CODE AND BALTIMORE CITY HEALTH DEPARTMENT REGULATIONS AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>		
SIGNATURE OF APPLICANT:		

<b>ANIMAL CONTROL USE ONLY</b>			
PERMIT/LICENSE NO.	TYPE OF ACTIVITY/OWNERSHIP		LIMITATIONS
ZONED	USE & OCCUPANCY		
PERMIT FEE	DATE OF ISSUANCE	DATE OF EXPIRATION	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<i>IF DISAPPROVED, STATE REASON:</i>		APPROVING OFFICIAL:  DATE: