FENCE PERMIT / APPLICATION

CODE ENFORCEMENT DEPT · 14811 MANCHESTER RD · BALLWIN MO 63011 · (636) 227-2129 · FAX (636) 207-2360

LOCATION (ADDRESS):	DATE:
OWNER:	PERMIT NUMBER: **F**
CONTACT PERSON:	PERMIT FEE: ❑ **$35.00**
PHONE: EMAIL:	❑ *MAIL TO: Homeowner Contractor*

PERMIT #: F

CONTRACTOR:	CONTACT PERSON:
ADDRESS:	PHONE:

FENCE INFORMATION

❑ PRIVACY
❑ NON-PRIVACY

❑ POOL

❑ CHAIN LINK
❑ WOOD
❑ VINYL
❑ OTHER: _____

❑ CORNER LOT*
❑ STREETS AT FRONT & REAR OF PROPERTY*

HEIGHT FROM GROUND: _____ FT / IN.

DEPTH IN GROUND: _____ IN.

*CONDITIONS

(These conditions apply only to corner or double-frontage lots)

- No part of the fence may be located in the public right-of-way.
- Fence must have a gate to provide access to right-of-way for maintenance purposes.
- Fence must be erected with the finished side facing the roadway.
- Fence must blend with existing nearby front yard fences in orientation, color, style, height, materials, and location.
- Fence must be located so as not to obstruct the view of motorists or pedestrians in the vicinity.

Two copies of your plot plan, showing the location of the fence, must be submitted with this application.

I hereby certify that the information contained in this application and accompanying drawings or plats is correct, and that I will conform with all applicable laws of the City of Ballwin.

The undersigned warrants either (i) the plans have been approved by any applicable Board of Trustees, or other subdivision governing body; or (ii) that there is no relevant subdivision Board or Trustee group for which approval is required.

The undersigned acknowledges that failure to obtain proper subdivision approval may constitute grounds for denial or withdrawal of building permits and/or other city approval required for construction.

_____ _____

OWNER/CONTRACTOR *DATE*

	▸ REVIEWED ◂
	_____ *PLANS EXAMINER APPROVAL*
	_____ *INSPECTOR APPROVAL (if needed)*
	Date: _____