

## 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: <b>F</b>   |  |
| CONTACT PERSON:  |        |   | PERMIT FEE: 🗅 \$35.00   |  |
| PHONE:   | EMAIL: |   | ☐ MAIL TO: Homeowner Contractor                                       |  |
|  |        |   |   |  |
| CONTRACTOR:  |        | CONTACT PERSON:   |   |  |
| ADDRESS:   |        |   | PHONE:  |  |
| FENCE INFORMATION  PRIVACY NON-PRIVACY VINYL POOL OTHER: STREETS AT FRONT & REAR OF PROPERTY*  HEIGHT FROM GROUND: FT / IN. DEPTH IN GROUND: IN.  Two copies of your plot plan, showing the location of the swill conform with all applicable laws of the City of Ballwin.  The undersigned warrants either (i) the plans have been approve sion governing body; or (ii) that there is no relevant subdivision Both withdrawal of building permits and/or other city approval required |        | and accompanying drawings or plats is correct, and that I ed by any applicable Board of Trustees, or other subdividual or Trustee group for which approval is required. |   |  |
| OWNER/CONTRACTOR DATE  |        |   |   |  |
|  |        | -   | ► REVIEWED ◀  PLANS EXAMINER APPROVAL  INSPECTOR APPROVAL (if needed) |  |
| I  |        |   | Deter   |  |



## CREDIT CARD PAYMENT FORM

|  |                                       | ☐ FAX   | ] EMAIL               |  |
|--|---------------------------------------|---|-----------------------|--|
| Inspections: (636) 227-2129 Fax: (636) 207-2360 Email: inspections@ballwin.mo.us |                                       | PLEASE NOTE: We do not accept payment over the phone. |                       |  |
| <ul><li>☐ MASTERCARD</li><li>☐ VISA</li><li>☐ DISCOVER</li></ul>                 | CARD NUMBER  EXPIRATION DATE (MM/YY): |   |                       |  |
| √ TRANSACTION TYPE   |                                       | AMOUNT  | REF # office use only |  |
| HOUSING INSPECTION   |                                       | \$ 100  |                       |  |
| APT INSPECTION   |                                       | \$ 30   |                       |  |
| PERMIT   |                                       |   |                       |  |
| ESCROW DEPOSIT   |                                       |   |                       |  |
| LICENSE  |                                       |   |                       |  |
|  |                                       |   |                       |  |
| NAME AND ADDRESS   | S ON THE CREDIT CARD BILL             | LING STATEMENT  |                       |  |
| STREET ADDRESS   |                                       |   |                       |  |
| CITY/STATE   |                                       |   | ZIP                   |  |
| CARDHOLDER SIGNATURE   | <b>«</b>                              |   |                       |  |
| EMAIL ADDRESS:   |                                       | DATE  |                       |  |
| DAYTIME PHONE NUMBER   |                                       |   |                       |  |