



FENCE PERMIT / APPLICATION

CODE ENFORCEMENT DEPT • 1 GOVERNMENT CTR • BALLWIN MO 63011 • (636) 227-2129 • inspections@ballwin.mo.us

PERMIT #:

LOCATION (ADDRESS):	DATE:
OWNER:	PERMIT NUMBER:
CONTACT PERSON:	PERMIT FEE: <input type="checkbox"/> \$45
PHONE:	<input type="checkbox"/> MAIL TO: Homeowner Contractor
EMAIL:	

CONTRACTOR:	CONTACT PERSON:
ADDRESS:	PHONE:
EMAIL:	

FENCE INFORMATION

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> PRIVACY | <input type="checkbox"/> CHAIN LINK |
| <input type="checkbox"/> NON-PRIVACY | <input type="checkbox"/> WOOD |
| <input type="checkbox"/> POOL | <input type="checkbox"/> VINYL |
| | <input type="checkbox"/> ALUMINUM |
| | <input type="checkbox"/> OTHER: _____ |
- ☐ CORNER LOT*
- ☐ STREETS AT FRONT & REAR OF PROPERTY*
- HEIGHT FROM GROUND: _____ FT / 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.

OWNER/CONTRACTOR

DATE

PERMITEE MUST CALL FOR A FINAL INSPECTION WHEN THE FENCE HAS BEEN COMPLETED

	► REVIEWED ◀
	_____ PLANS EXAMINER APPROVAL
	_____ INSPECTOR APPROVAL (if needed)
	Date: _____