CITY OF
Warsaw

201 W. Main St. • P.O. Box 68 • Warsaw, Mo. 65355
Phone: (660) 438-5522; Fax: (660) 438-7142
welcometowarsaw.com

Date of Application:_____

FENCE PERMIT APPLICATION

NO FEE is required for a Fence Permit
Permits are valid for 6 months from approval date.

Property Owner Information:

Name: _____

Fence Address : _____
Street *City* *State* *Zip*

Phone#:_____ Alternate Phone#:_____

Email : _____

Contractor Information *(if applicable):*

Name/Business Name : _____

Address: _____
Street *City* *State* *Zip*

Phone#:_____ Alternate Phone#:_____

Email: _____

Fence Information *(Check all that apply):*

Estimated Start Date:_____ Proposed Completion Date:_____

Type:
__ New
__ Repair

Material:
__ Wood
__ Chain Link
__ Vinyl
__ Aluminum
__ Other:_____

Location:
_ Residential
_ Commercial

Fence Height *(ft):*___ _

Total Fence Length *(ft):*____

Estimated Cost: $__ _

Set-Back Measurements:
Front Yard:_____ft.
Back Yard:_____ft.
Left Side: ft.
Right Side:_____ft.

The presence of easement on your property may influence your decision to install a fence.
Are you aware of any existing easements on your property? If yes, please read :
The property owner understands that constructing a fence over any City easement , and in case of re pair on easement, any cost associated with said repairs will be at the owner' s expense .

I, the undersigned, certify that the statements/information made within this application, as well as any other supporting documents, is complete, true, and correct to the best of my knowledge .

_____ _____
Signature *Date*

OFFICE USE:		
Staff Name:		Date :
BUILDING INSPECTOR:		
Inspected By:	Approved By:	Issued By:
Insp. Date	Approval Date:	Issue Date: