



# City of Marshall Inspection Department

CITY OFFICE BUILDING -214 NORTH LAFAYETTE  
MARSHALL, MISSOURI 65340 /FAX TO: 660-886-9565  
PHONE: 660-886-2653 Email: snorman@marshall-mo.com

## FENCE PERMIT APPLICATION

All work must conform to current Building Codes and City Ordinances

App. Date ____/____/____	Is Owner Applicant? ____ Yes ____ No	Application: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Fence Permit Fee \$ 15.00
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### Property Information

Street Address:		Parcel Number:	
Legal Description	Lot:	Block:	Subdivision:
			<input type="checkbox"/> See Attached sheets if metes and bounds or split lots or Irregular lot
Parcel Type: ____ Residential (R) ____ Industrial (I) ____ Commercial (C) ____ Agricultural(A)			

### Owner Information

First Name		Last Name or name of Business	
Address		City	State
E-mail:		Phone#:	Cell#:
		Zip	

### Contractor Information

First Name		Last Name	
Address		City	State
E-mail:		Phone#:	Cell#:
		Zip	

### Permit Information

Front Yard Fence -	Length _____	Height _____	Type of Fence Material _____
Rear Yard Fence -	Length _____	Height _____	Type of Fence Material _____
Left Side Yard Fence -	Length _____	Height _____	Type of Fence Material _____
Right Side Yard Fence-	Length _____	Height _____	Type of Fence Material _____
<input type="checkbox"/> Corner Lot	<input type="checkbox"/> Vacant Lot	Will the fence be used as a Pool enclosure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Site Plan Attached <input type="checkbox"/>		*If yes, self-latching gate details must be provided	
Est. Start	____/____/____	Est. Finish	____/____/____
		Est. Cost \$	_____

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

TITLE \_\_\_\_\_

CITY OF MARSHALL

# FENCE PERMIT APPLICATION

Permit # \_\_\_\_\_

## Steps to Complete Site Plan:

1. Provide property dimensions (if atypical lot shape, please illustrate lot within box and label accordingly),
2. Identify and label adjacent street, right-of-way or easements, etc.,
3. Illustrate any existing structures on the property (residence, shed, pool, etc.), and
4. Clearly illustrate height and length of proposed fence, identifying any gates.

\_\_\_\_\_

Check One – What's next door?  
Neighboring Property  
Street Name: \_\_\_\_\_

HOUSE

DRIVEWAY

Check One – What's next door?  
Neighboring Property  
Street Name: \_\_\_\_\_

STREET NAME: \_\_\_\_\_