



CITY OF TWIN OAKS

1393 Big Bend Road, Suite F • Twin Oaks, MO 63021
(636) 225-7873 • fax (636) 225-6547 • www.villageoftwinoaks.org

FENCE PERMIT APPLICATION

Application Fee: See Fee and Deposit Schedule, Section 400.460 of the City Code

DATE: _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

PROPERTY OWNER'S PHONE: _____

PROJECT ADDRESS (IF DIFFERENT FROM ABOVE): _____

SIGNATURE OF PROPERTY OWNER: _____
(IF DOING PROJECT YOURSELF)

COMPANY/CONTRACTOR NAME: _____

CONTRACTOR'S ADDRESS: _____

CONTRACTOR'S PHONE: _____

SIGNATURE OF CONTRACTOR: _____
(IF PROJECT PERFORMED BY CONTRACTOR)

TYPE OF CONSTRUCTION: NEW REPLACEMENT REPAIR

COLOR OF FENCE: _____ MATERIAL USED: _____

LOCATION OF FENCE: _____ FENCE DIMENSIONS: _____

ATTACH: Detailed plans and other necessary information to determine the location and compliance with all applicable regulations.

**** FOR OFFICE USE ONLY ****

Application Fee: _____ Amount Received: _____ Date Received: _____

Cash/Check: _____ Administrator Signature: _____