



# CITY OF TWIN OAKS

1381 Big Bend Road • Twin Oaks, MO 63021  
(636) 225-7873 • fax (636) 225-6547 • [www.cityoftwinoaks.com](http://www.cityoftwinoaks.com)

## FENCE PERMIT APPLICATION

**Application Fee: See Fee and Deposit Schedule, Section 400.500 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: \_\_\_\_\_