

CITY OF CHILLICOTHE

Permit No. _____ Application for **FENCE** permit Date _____.

Property owner _____ Applicant _____
Address at site _____ Address _____
Phone _____ Phone _____

Describe work to be done _____

Estimated Cost _____ Residential _____ Commercial _____.

Size of building Width _____ Length _____ Height _____ Work start date _____.

Contractors: Building _____.

I THE UNDERSIGNED HEREBY SWEAR that the information provided on this application is true and accurate to the best of my knowledge and here by GUARANTEE to the CITY OF CHILLICOTHE that the work will be done in accordance with the appropriate Zoning codes of the City of Chillicothe. I understand it is my responsibility to locate the property lines and if the fence needs to be removed it will be at my (property owners) expense.

Signature of owner or applicant Date

\$ 15.00 fee received

City Approved

Date

CALL CMU FOR LOCATES TWO DAYS BEFORE BUILDING FENCE 646-0934



2 DAYS BEFORE YOU DIG
CALL TOLL FREE
1-800-344-7483
MISSOURI ONE CALL SYSTEM, INC.