



CITY OF DOWNS

715 Railroad Street
Downs, Kansas 67437

cityclerk@cityofdowns.com

785-454-6622

Fence Permit Application

Property Owner

Name: _____ Fence Installer: _____

Address: _____ Property Address: _____

Phone: _____ Email: _____

Start Date: _____ Zoning District: _____

Fence Description

Temporary Permanent New Replacement

Front Yard Back Yard Side Yard

Fence Height: _____ Fence Length: _____

Fence Material: _____ Additional Description/Notes: _____

Fence Permit Costs: \$10 fee plus \$1 per thousand dollars of the project. Estimated costs shall include all materials and labor.

Attach a scaled drawing on the back of this application indicating where fencing is to be installed in relationship to the property lines and existing buildings.

It is the responsibility of the Applicant to contact "Kansas One Call – Dig Safe" at 1-800-344-7233 for the location of utilities on said lot before construction is to begin. The fence must be built according to the approved permit.

Applicant Name (printed): _____

Applicant Signature: _____ Date: _____

I understand and agree that this application in no way establishes or determines the location and boundaries of the above-described property. I hereby acknowledge that I have read this application and state that all the distances and information given on this application is correct, and agree to comply with all city ordinances and state laws regulating building construction and agree to procure all necessary permits. I understand that the requested building permit, if issued, will expire six (6) months from the date of its issuance, unless work is commenced.

PERMIT # _____ PAID \$ _____

BUILDING/ZONING INSPECTOR: _____ DATE: _____

(Signature)

APPROVED

DENIED

THIS _____ DAY OF _____, 20_____

Governing Body Member Signature

