

CITY OF  
**Oak Grove**

2110 S. Broadway · Oak Grove, Missouri 64075 · (816) 690-3773 · Fax (816) 690-8478

**FENCE PERMIT APPLICATION**

Inspections call  
(816) 690-3773 Ext. 1007  
return application to:

[buildingofficial@cityfoakgrove.com](mailto:buildingofficial@cityfoakgrove.com)

**FEE \$25**

The City has adopted the  
2012 International Codes

Applied date \_\_\_\_\_ Permit Number \_\_\_\_\_

Project Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

I am the: Homeowner \_\_\_\_\_ Contractor \_\_\_\_\_ if Contractor, Business License #: \_\_\_\_\_

Address: (if not project address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Fence Type: Wood \_\_\_\_\_ Chain Link \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Proposed Fence Height: \_\_\_\_\_

Corner Lot: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, specify street names in drawing below

**It is the responsibility of the party applying for the permit to know where the property lines are located.**

Applicant Name Printed: x \_\_\_\_\_

Applicants Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

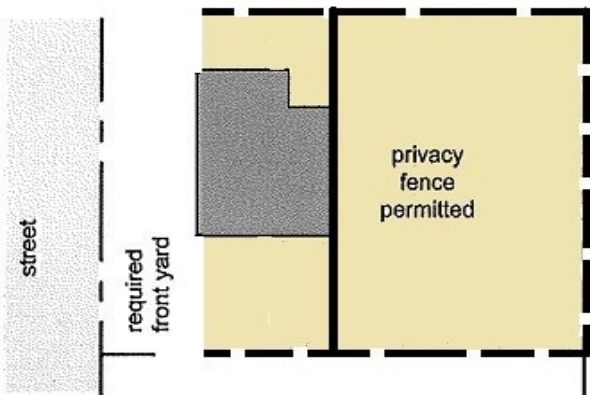
Building Official Printed: x \_\_\_\_\_

Building Official Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

**Please show the location of the fence on the property or attach drawing.**

The dotted lines represent property lines.

**TYPICAL INTERIOR LOT VIEW**



**TYPICAL CORNER LOT VIEW**

