CITY OF NORBORNE
OFFICE OF PLANNING & ZONING
105 East 2nd ST, Norborne MO 64668

FENCING PERMIT APPLICATION

Building Permit NO: _____

Missouri One Call Systems, Inc. (1-800-344-7483) Service No. _____

PROJECT LOCATION AND DESCRIPTION

Site Address: _____ Zoning: _____

Location of Fence: _____

Type of Material to be used: _____

Height of Fence: Front yard: _____ Side yard: _____ Rear yard: _____

Property Line Setbacks: Front yard: _____ Side yard: _____ Rear yard: _____

A Site Plan Must Be Included With Permit Submittal
****The Property Owner Is Responsible For Property Line Verification****

Property Owner: _____
Mailing Address: _____
City: _____
State/Zip: _____
Phone: _____
Email: _____

Contractor: _____
Contact Name: _____
Mailing Address: _____
City: _____
State/Zip: _____
Phone: _____
Email: _____

Agent Name: _____
Agent Address: _____
Agent Phone: _____

Business License ( ) Yes ( ) No
HPC Approved ( ) Yes ( ) No

PERMIT APPLICANT: I am the ( ) Property Owner ( ) Agent

Permit Applicant's signature: _____ Date: _____
All entries made by me on this application are true and accurate to the best of my knowledge.

Permit Approved: _____ Date: _____

ALL APPLICATIONS MUST BE RECEIVED NOT LATER THAN 12 PM ON THE LAST FRIDAY OF THE MONTH. PLANNING & ZONING MEETS, AS NEEDED, THE FIRST WEDNESDAY AT 6 PM EACH MONTH, EXCEPT THE MONTH OF AUGUST

SITE PLAN

Show all property lines, structures on your property and their dimensions, streets, alleys, sidewalks and proposed fencing site.