

**OFFICIAL
FENCE PERMIT
CARBONDALE , KANSAS**

Date & time received at office: _____
 Date & time received Zoning Adm.: _____
 Permit Number: _____
 Date Issued: _____

THIS PERMIT
AUTHORIZES

PLEASE PRINT NAME OF PROPERTY OWNER

TO CONSTRUCT TO ALTER TO RELOCATE TO ADD A _____
WOOD, CHAIN LINK, VINYL, ETC

TO REMOVE A _____ FENCE

IN ACCORDANCE WITH THE PLANNING AND ZONING REGULATIONS, OSAGE COUNTY, KANSAS, AND IN COMPLIANCE WITH
 THE APPROVED APPLICATION, ON PROPERTY LOCATED AT: _____

APPROVED DENIED

APPLICANT'S SIGNATURE

CITY OFFICIAL SIGNATURE

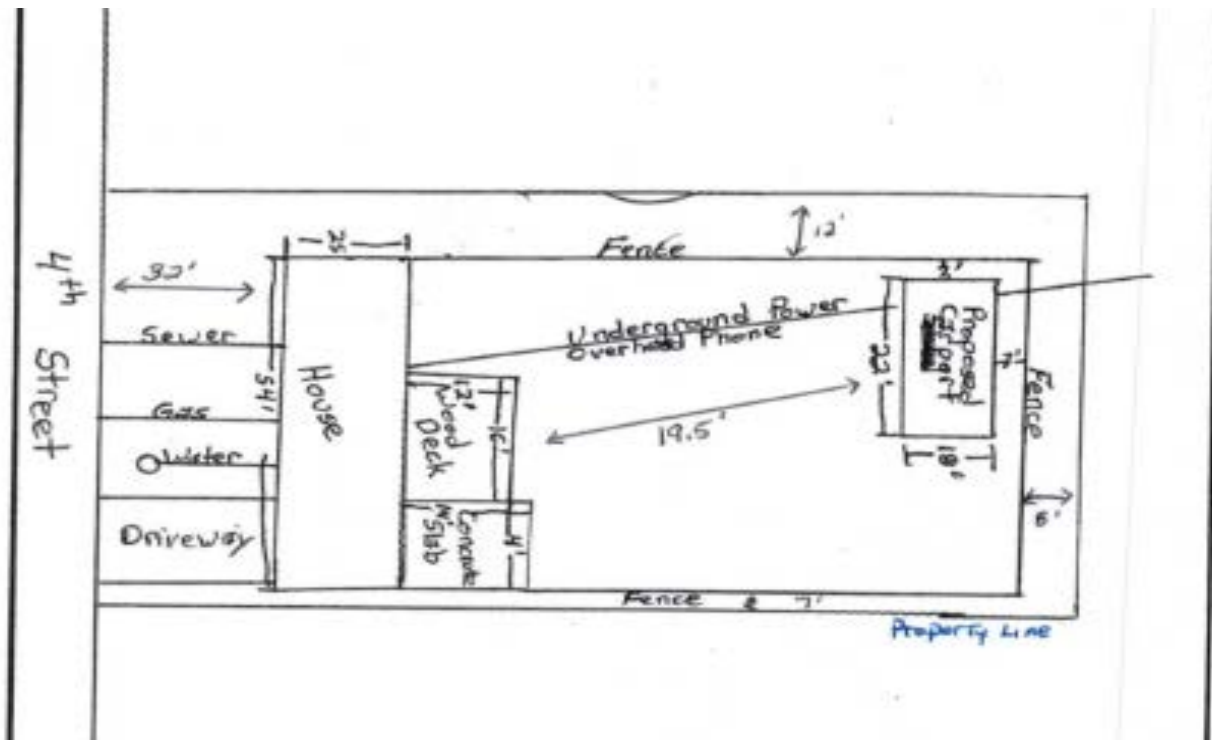
PRESENT ADDRESS

ZONING ADMINISTRATOR

SAID PERMIT SHALL BE VALID FOR 30 DAYS FROM THE DATE OF ISSUANCE
 UPON THE COMPLETION OF THE CONSTRUCTION APPLICANT SHALL NOTIFY THE ZONING ADMINISTRATOR
 IN WRITING OF SAID COMPLETION. PERMIT SHALL BE POSTED IN A CLEAR PLASTIC SLEEVE AND IN PLAIN SITE AT ALL TIME DURING
 CONSTRUCTION/DEMOLITION

SAMPLE OF DRAWING TO BE DON ON BACK OF THIS FORM

Property lines, measurements, utilities, etc. All this information is necessary. If it is not filled in properly, this permit will be denied and returned



DATE RECEIVED: _____

PERMIT NO: _____

Office Use

CITY OF CARBONDALE KANSAS
OFFICIAL ZONING PERMIT
FENCE PERMIT APPLICATION

The undersign individual or firm intends to place a fence around the area defined in accordance with Article 6 (fences) of the Carbondale Zoning Regulations.

Type of fence (Wood, wire, shrub, etc) _____ Height of fence _____

DRAWING OF AREA TO BE FENCE

Legal description of property _____

Approximate cost of construction _____

Name of property owner _____

Name of applicant _____

Address of property to be fenced _____

Phone: _____

Signature: _____ Date: _____

____ Approved _____ Denied Date: _____

Zoning Administrator: _____ Mayor: _____