



404 Comanche Street
 Kiowa, CO 80915
 Phone: (303) 621-2366
 Fax: (303) 621-2595

FENCE PERMIT APPLICATION

DATE: _____

PERMIT # _____

TO BE COMPLETED BY APPLICANT

(*REQUIRED FIELDS)

*Property Owner Name: _____ *Phone: _____ Email: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

Mailing Address (if different than above): _____ City: _____ State: _____ Zip: _____

CONTRACTOR INFORMATION*List additional contractors on back of this form**

*Contractor Name: _____ Phone: _____ Email: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

Mailing Address (if different than above): _____ City: _____ State: _____ Zip: _____

PROJECT INFORMATION

MATERIAL: _____

LOCATION: _____

HEIGHT: _____

**-MUST INCLUDE A SITE PLAN OF THE PROPERTY INCLUDING THE PROPERTY LINES, BUILDINGS, STREETS, AND PROPOSED LOCATION OF THE NEW FENCE.
 -MUST BE COMPLIANT WITH TOWN OF KIOWA MUNICIPAL CODE CH.16, SEC. 118. INCLUDING; FENCES SHALL BE INSTALLED SO THAT THE FINISHED SIDE FACES ANY PUBLIC WAY OR PUBLIC SPACE AND ALL POST AND STRUCTURAL PARTS OF THE FENCE SHALL BE FACING THE OWNER'S PROPERTY. FENCES MAY NOT BE TALLER THAN 42 INCHES IN THE FRONT AND 6 FEET IN THE BACK. \$100 PERMIT FEE IS DUE AT SUBMITTAL.**

**I certify the above information is correct and agree to construct in accordance with the plat, building plans and specifications submitted, and in strict compliance with all the provisions of the zoning ordinance, building code, health and plumbing code. I understand this application must be approved before the property can be used in accordance with the request.*

APPLICANT'S SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

PLANNING

BUILDING

TOWN ADMINISTRATOR/SAFE BUILT APPROVAL:

TOWN STAFF: _____ TITLE: _____

DATE: _____

DATE: _____