

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/SAFEBUILT APPROVAL:	TOWN STAFF:	TITLE:	
DATE:	DATE:		