

Inspection Department
PO Box 273
Solomon KS 67480
(785) 655-3311



PERMIT NO. _____
\$10.00

APPLICATION FOR FENCE PERMIT

(Call 1-800-DIG-SAFE before digging!)

Project Site Address: _____

Owner of Record of Property: _____ Phone #: _____

Fence Contractor: _____

Please draw a map of your property showing the location of all buildings and any existing fence. Please include dimensions. Using a different colored pen or pencil, show the location of the proposed fence:

Will the fence encroach on any easement: _____

Purpose of Fence: _____ Material of Fence: _____

Height of Fence: _____ Distance From Property Line: _____

Signature _____ Date: _____

(For Office Use Only)

Special Conditions _____

_____ Approved _____ Disapproved Reason: _____

City Inspector _____ Date: _____