

Community Development/
Inspection Department
P.O. Box 519
Abilene, KS 67410
(785) 263-2355



PERMIT NO. _____

Permit Fee: \$25.00

APPLICATION FOR FENCE PERMIT

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

Project Site Address: _____

Owner of Record of Property: _____ Phone #: _____

Owner/Contractor Email Address: _____

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: _____