

**City of Clever
Building Department
P.O. Box 52
Clever, MO 65631**

Fence/Wall Permit	Application Date:	Permit No:
Site Information	Site Address:	
Legal Description (office use only)	Lot No:	Subdivision:
		Zoning: No Sink/No Flood (___)
Owner Information	Name:	
Address:		
Email Address:		Phone Number:
Contractor Information	Contact Name:	
Company Name:		
Address:		City: State:
Email:	Phone Number:	Zip:
Project Information	Project Type: <input type="checkbox"/> Fence <input type="checkbox"/> Wall	
Is the Property: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		Overall height of the fence or wall: _____ ft
Is the Project: <input type="checkbox"/> New <input type="checkbox"/> Repair/Replace		Building Material: _____
Project Description:		

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state, and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Name (print): _____ Signature: _____ Date: _____

Approved by:	Total Fee: Res \$45 (___) Com \$120 (___)
Method of Payment: Cash (___) CC (___) Ck # (___)	Date Paid:

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SCALE DRAWING OF FENCE PLACEMENT: