



FENCE

PERMIT APPLICATION

Inspections Division
 301 N Broadway, Moore, OK 73160
 (Phone) 405-793-5051 (Fax) 405-793-5057
inspections@cityofmoore.com

FILING FEE: \$29.50

Submittal Date: _____

Permit # _____

PROJECT INFORMATION

Project Address		City	State	Zip Code
Lot	Block	Subdivision		
Existing Use of Property:				Estimated Cost:
<input type="checkbox"/> Residential	<input type="checkbox"/> Multi – Family	<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Other _____	\$ _____ <i>(Include parts and labor, if any)</i>
		LENGTH (FT)	HEIGHT (FT)	MATERIAL
FRONT YARD FENCE	<input type="checkbox"/> New <input type="checkbox"/> Proposed			
REAR YARD FENCE	<input type="checkbox"/> New <input type="checkbox"/> Proposed			
SIDE YARD FENCE	<input type="checkbox"/> New <input type="checkbox"/> Proposed			
GATES		NUMBER OF GATES	GATE HEIGHT (FT)	GATE LENGTH (FT)
	<input type="checkbox"/> New <input type="checkbox"/> Proposed			GATE MATERIAL

APPLICANT INFORMATION

Applicant Name	Applicant Address	Applicant Phone Number 1
City	State	Zip Code
Applicant Email		Applicant Phone Number 2

CONTRACTOR INFORMATION

SAME AS APPLICANT

Company Name	Company Address	Company Phone Number 1
City	State	Zip Code
Company Email		Company Phone Number 2

OWNER INFORMATION

SAME AS APPLICANT

Owner Name	Owner Address	Owner Phone Number 1
City	State	Zip Code
Owner Email		Owner Phone Number 2

I hereby certify that the statements in this application and the attachments hereto are true and correct and that the property owner has given permission for this work to proceed. I further certify that all construction work under this permit will conform to the attached plans, specifications and drawings and to the Codes and Ordinances of the City of Moore. I certify that the code official or the code official's authorized representatives shall have the authority to enter area covered by such permit at any hour to enforce the provisions of the code(s) applicable to such permit.

Applicant Signature	Applicant Name (Printed)
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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Building Safety Division**
 Signature: _____ Approve Deny Date: _____

Planning**
 Signature: _____ Approve Deny Date: _____

**Remarks to be printed on permit, if any:



PROJECT ADDRESS: _____ PERMIT # _____

APPLICANT NAME: _____ APPLICANT PHONE # _____

SITE PLAN

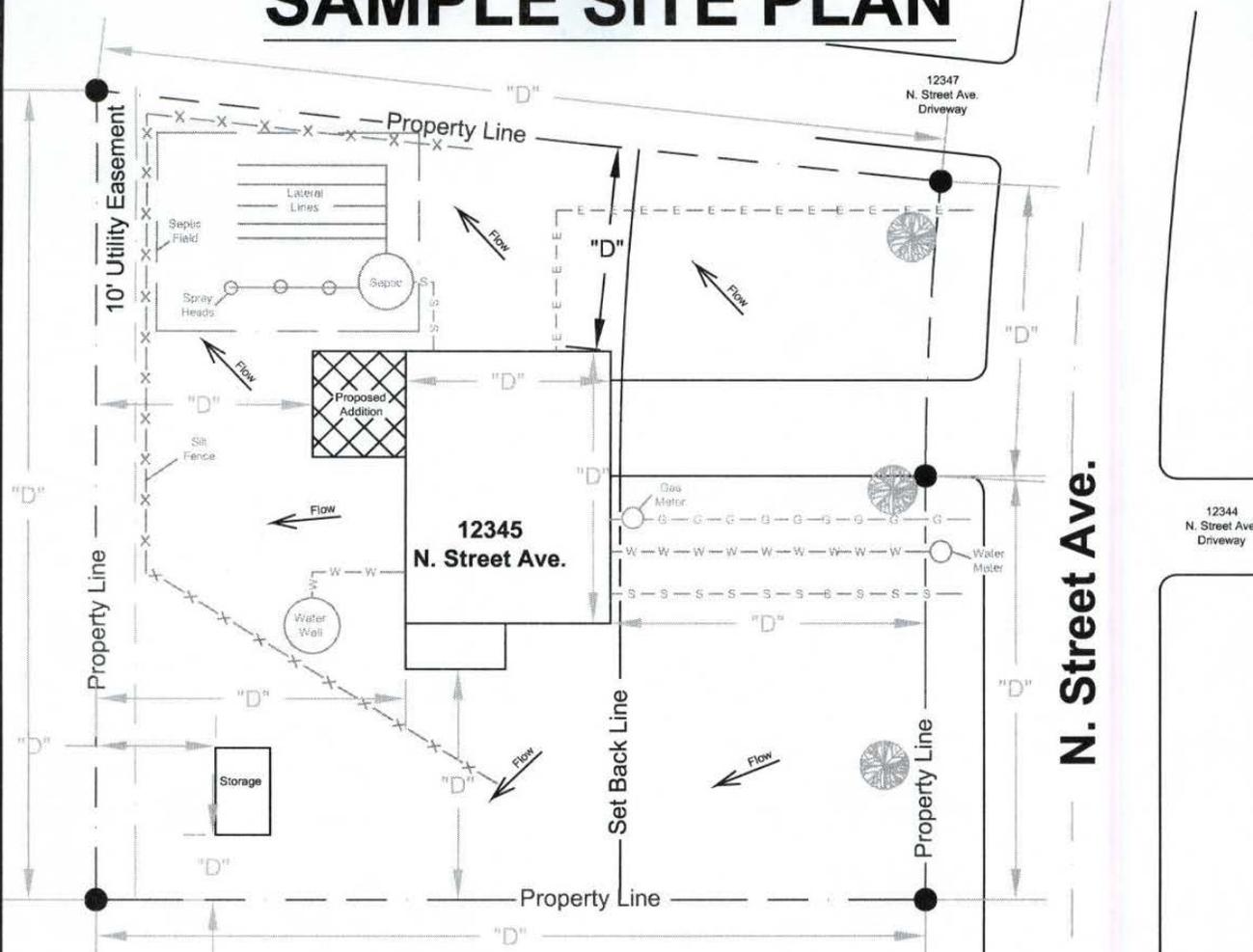


Large grid area for drawing the site plan.

FENCE PERMIT APPLICATION GUIDE

- | | | |
|--|--|---|
| <input type="checkbox"/> All Lot Lines and Lot Dimensions | <input type="checkbox"/> All Existing and Proposed Building(s) | <input type="checkbox"/> Distance Between Lot Lines and Building(s) |
| <input type="checkbox"/> Driveways with Dimensions | <input type="checkbox"/> All Existing and Proposed Utilities | <input type="checkbox"/> All Existing and Proposed Utility Easements and Right-of-Way with Dimensions |
| <input type="checkbox"/> Building Set Back Lines with Dimensions | <input type="checkbox"/> Scale, North Arrow, Date, Contact Information | <input type="checkbox"/> Location of Fence and Gate(s) |

SAMPLE SITE PLAN



LEGEND

	Drainage Flow Arrow
	Silt Fence (Erosion Control)
	Natural Gas Service Line
	Water Service Line
	Sanitary Sewer Service Line
	Electrical Service Line
	Tree

John Doe
(405) 555-5555
Jan. 1, 20XX



CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Address | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Street Name(s) | <input type="checkbox"/> Neighboring Driveway |
| <input type="checkbox"/> Property Line w/Dimensions | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Structure(s) w/Dimensions | <input type="checkbox"/> Drainage Flow Arrows |
| <input type="checkbox"/> Setback lines | <input type="checkbox"/> Erosion Controls |
| <input type="checkbox"/> Existing/Proposed Utilities | <input type="checkbox"/> Flood Zone Boundary (if applicable) |
| <input type="checkbox"/> Water Service | <input type="checkbox"/> Retaining Wall(s) |
| <input type="checkbox"/> Water Well | <input type="checkbox"/> Scale |
| <input type="checkbox"/> Sanitary Sewer Service | <input type="checkbox"/> North Arrow |
| <input type="checkbox"/> Septic System | <input type="checkbox"/> Date |
| <input type="checkbox"/> Electrical Service | <input type="checkbox"/> Contact Information |
| <input type="checkbox"/> Natural Gas Service | |