



CITY OF ALTON
DEPARTMENT OF BUILDING & ZONING
101 E. THIRD STREET, SUITE 202
ALTON, IL 62002
PHONE: (618) 463-3532 FAX: (618) 463-0972

FENCE PERMIT APPLICATION

DATE: _____
ADDRESS: _____
OWNER: _____
PHONE: _____
CONTRACTOR: _____
ADDRESS: _____
PHONE: _____

* PLEASE PROVIDE A SKETCH OF THE FENCE ON AN AERIAL OF THE PROPERTY REFERENCING LOCATION, HEIGHT, AND DIMENSIONS OF FENCE, DISTANCE FROM PROPERTY LINES AND STRUCTURES, AND MATERIAL TYPE *

COST: _____

I/we hereby agree to perform the above described work in accordance with the plat, building plans and specifications submitted along with this application, and in strict compliance with all provisions of the zoning ordinance, building code and health regulations of the City of Alton, Illinois.

CONTRACTOR/OWNER SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____ FEE:\$ _____