



FENCE

PERMIT APPLICATION

Community Development
101 N Choctaw, El Reno, OK 73036
(P) 405-262-4070

FILING FEE: _____

Submittal Date: _____

Permit # _____

PROJECT INFORMATION

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

APPLICANT INFORMATION

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

CONTRACTOR INFORMATION

<input type="checkbox"/> SAME AS APPLICANT				
Company Name		Company Address		Company Phone Number 1
City		State	Zip Code	Company Phone Number 2
Company Email				

OWNER INFORMATION

<input type="checkbox"/> SAME AS APPLICANT				
Owner Name		Owner Address		Owner Phone Number 1
City		State	Zip Code	Owner Phone Number 2
Owner Email				

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 El Reno 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: _____ <input type="checkbox"/> Approve <input type="checkbox"/> Deny Date: _____
Planning** Signature: _____ <input type="checkbox"/> Approve <input type="checkbox"/> Deny Date: _____

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



PROJECT ADDRESS: _____ PERMIT # _____

APPLICANT NAME: _____ APPLICANT PHONE # _____

SITE PLAN



FENCE PERMIT APPLICATION GUIDE

☐ All Lot Lines and Lot Dimensions

☐ All Existing and Proposed Building(s)

☐ Distance Between Lot Lines and Building(s)

☐ Driveways with Dimensions

☐ All Existing and Proposed Utilities

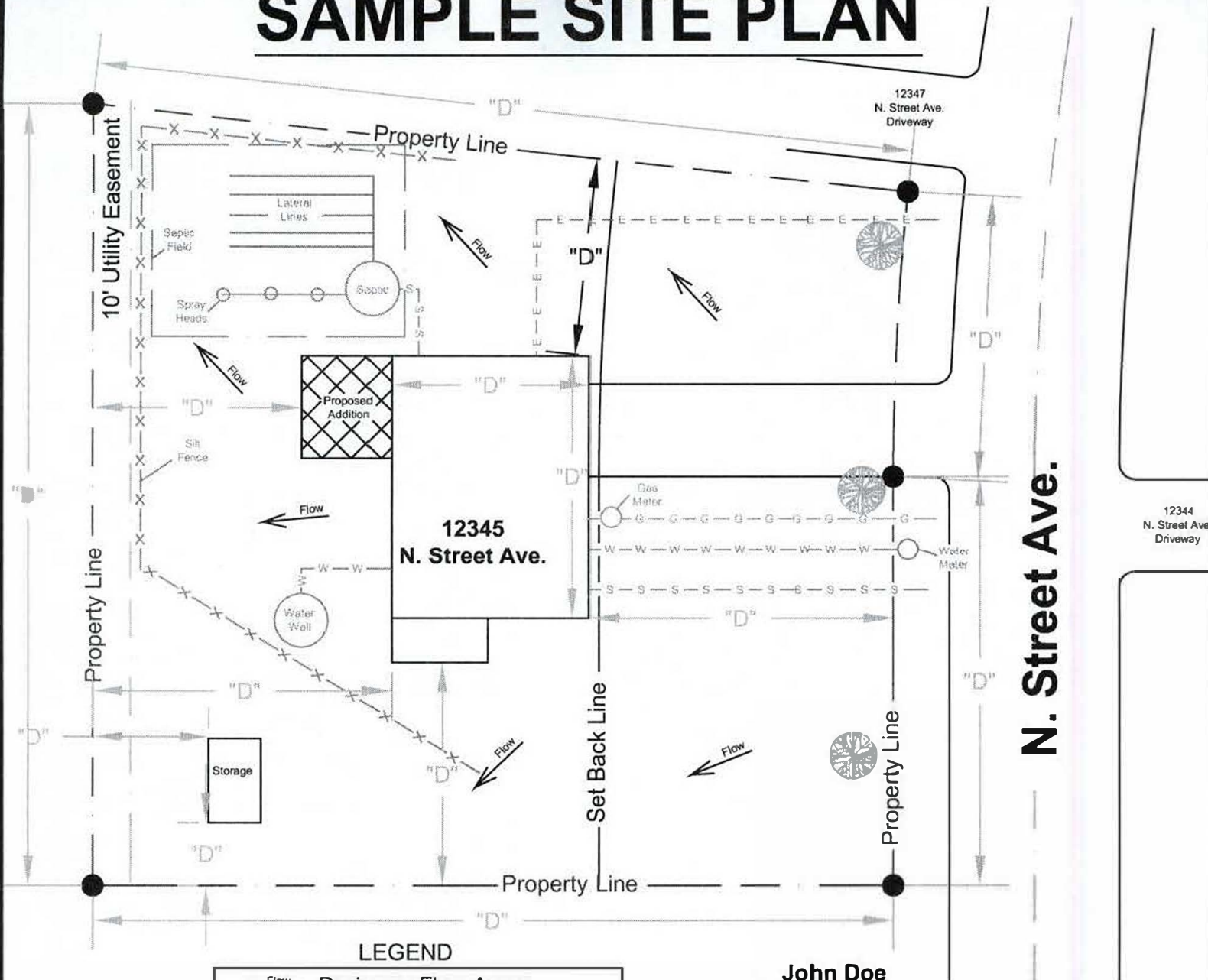
☐ All Existing and Proposed Utility Easements and Right-of-Way with Dimensions

☐ Building Set Back Lines with Dimensions

☐ Scale, North Arrow, Date, Contact Information

☐ 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 | |