

FENCE ZONING CERTIFICATE APPLICATION

TO

THE CITY OF GARNETT, KANSAS 66032-0230

APPLICATION NO. _____

DATE: _____

(TO BE FILLED IN BY APPLICANT)

Applicant: _____ Phone No. _____

Address: _____ Zip: _____

Location of Proposed Fence: _____

Type of Material To Be Used For Construction: _____

Height of Fence: _____ Estimated Cost: _____

If applicable, I certify that I have read the attached policy regarding private usage of public ways and I understand and agree to abide with it at all times.

I certify that I am the _____ (owner, lessee or tenant) of the property for which this certificate is desired. I understand that I must submit plans, information, plats and the required fee of \$10.00, as required before the application will be accepted for consideration. I also understand that my application must be acted upon within (30) days, unless I consent to an extension of time.

A zoning certificate shall become null and void six (6) months after the date on which it is issued unless within such six-month period construction is commenced.

SIGNATURE OF APPLICANT

SITE SKETCH NEEDS TO BE ATTACHED

