

FENCES

Return Form to:
Zoning Administrator
City of Chanute
101 S Lincoln
PO Box 907
Chanute, KS 66720
620-431-5232
620-431-5238 (fax)

For Office Use Only

Permit #: _____

Date Filed: _____

Applicant: _____

Phone: _____

Address: _____

Zip: _____

Owner: _____

Phone: _____

Address: _____

Zip: _____

Location of Proposed Fence: _____

Site Sketch Attached: YES NO

Fence Material: _____

ADJACENT LAND USE:

Fence Height: _____

North _____

South _____

East _____

West _____

Present Use of Property: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

****THE CITY OF CHANUTE IS NOT RESPONSIBLE FOR LOCATING PROPERTY LINES****

CITY USE ONLY

Permit Issued By: _____ Date: _____

Title: _____