



103 Canton Avenue, P.O. Box 517, Montevideo, MN 56265
Telephone: 320/269-6575 Fax: 320/269-9340

FENCE PERMIT APPLICATION

DATE: _____

PERMIT NO: _____

Applicant Name: _____ Phone: _____

Address: _____

Description of Proposed Work: _____

Address of Property Involved: _____

Legal Description: _____

Zone: _____

Type of Fence: Wall Hedge Privacy Decorative

Fence Location: Front Back Side

Fence Height: _____

Completion Date: _____

Comments: _____

Neighbor's Signature

Neighbor's Signature

The undersigned certifies that the above information is correct and agrees to comply with the ordinance and rulings of the Montevideo City Code.

Applicant Signature

Zoning Administrator Signature

Date

Permit Fee: \$ _____

Surcharge: \$ _____

TOTAL: \$ _____