



111 West Laurel Street, Millstadt IL 62260, 618-476-1514

## FENCE PERMIT APPLICATION

(Office use only) <b>Date:</b> _____		<b>Building Permit #:</b> _____	
(Office use only) <b>Permit Fee: \$30.00</b>		<b>Date Paid:</b> _____	<b>Cash/Check #</b> _____

**Location of Fence**  
Address: \_\_\_\_\_

**Property Owner Information**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Permit Holder – Contractor/Company Installing Fence**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Classification Type**  
Commercial ☐ Residential ☐

**Fence Material & Details**  
Vinyl Fabric ☐ Wrought Iron ☐ Wooden Picket ☐ Chain Link ☐  
Other: \_\_\_\_\_

**Enclosure**  
Yard Only ☐ Yard & Pool ☐ Pool Only ☐ Other \_\_\_\_\_

Details:	Distance From:
Fence Height _____	Side Property Line _____
Fence Length _____ (approx. linear footage)	Rear Property Line _____
Estimated Cost \$ _____	Street Side Property Line (Applies to Corner Lots) _____
	Pool (if applicable) _____

**Disclosure & Signature:** The information submitted with this application may be used by the Village of Millstadt and/or its contractors or consultants. By signing below you certify that you are the owner of record of the named property, or that the proposed work has been authorized by the owner of record and that you have been authorized by the owner to make this application as his/her/their authorized agent. You agree to conform to all applicable laws, statutes, ordinances and codes of this jurisdiction, including those adopted by the Village of Millstadt. I understand the Village assumes no liability and reserves the right to revoke the approved permit due to errors and omissions within this document, submitted site plan and other documents.

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**Permit Holder – Contractor Signature**

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**Date**

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**Property Owner/Authorized Owner Agent Signature**

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**Date**

*(Office use below)*

Approved

☐

Denied

☐

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Building Commissioner

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Date

#### **FENCE - INSTRUCTIONS**

1. **Application:** Complete Fence Permit Application in its entirety. All fences constructed in the Village limits are required to have a Fence Permit issued **prior to construction**.
2. **Site Plan:** A site plan illustrating (with dimensions) the fence location relative to the property lines, utilities, structures, and easements within the property.
3. Application will be submitted to the Building Commissioner for review. The Village staff will inform applicant when permit has been approved. Fee is paid when approved permit is picked up.

#### **Fence Location:**

1. All fence components shall stay on or within property lines.
2. Fencing constructed on or within easements is subject to removal without compensation.
3. Installation of fencing may not disturb/impece existing drainage patterns/swales or natural water flows.
4. No fencing shall be permitted in the front yard of a building line.
5. No fencing shall be placed within a 30 foot sight triangle or otherwise impede vehicular vision. Refer to zoning code – chapter 152, Appendix B.

**NOTE:** Proposed fencing within easement are subject for denial based upon use/or locations.

*This is a general guide for construction of a fence within the Village of Millstadt. Ordinance 152.157.  
For additional questions contact Village Office at (618) 476-1514.*

**I have submitted ALL requested information in its entirety and have ensured all the proper requested signatures have been added. I understand that if I have not, my application will not begin the review process and will be returned.**

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**Permit Holder – Contractor Signature**

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**Date**

**FENCE – SITE PLAN REQUIRED**

A site plan must be attached or drawn at a scale large enough for clarity showing the following information:

**A) Location of:** lot, buildings, driveways and off-street parking spaces.

**B) Distance between:** buildings and front, side and rear lot lines; principal building and accessory buildings, principal building and accessory buildings on adjacent lots, if applicable.

**C) Location of:** easements, utilities, etc., if applicable.

**D) Any additional information which may reasonably be required by the Zoning Commissioner and applicable sections of the Zoning Ordinance.**

A full page of blank graph paper with a uniform grid of small squares. The grid consists of 20 columns and 20 rows, creating a total of 400 small square units. The lines are thin and black, set against a white background. There are no margins, text, or other markings on the page.

# **St. Clair County Assessor's Report**

**Instructions to Applicants/Municipality:** Fully completed application must be submitted to the St. Clair County Assessor's Office, 10 Public Square, Belleville, IL 62220.

Date \_\_\_\_\_ Parcel # \_\_\_\_\_ Projected Date of Completion \_\_\_\_\_

Name of Owner \_\_\_\_\_ Owner's Current Phone # \_\_\_\_\_

Owner's Current Address (Street, City & Zip) \_\_\_\_\_

Site's Full Address (Street, City & Zip) \_\_\_\_\_

Contractor's Company/Name \_\_\_\_\_ Phone \_\_\_\_\_

Contractor's Address (Street, City & Zip) \_\_\_\_\_

Legal Description of Parcel (Lot, block & subdivision) \_\_\_\_\_

## **Proposed Improvement** (check applicable items)

- ☐ New building
- ☐ Addition or alteration (explain) \_\_\_\_\_
- ☐ Other (explain) \_\_\_\_\_
- ☐ Brick                      # of Rooms \_\_\_\_\_                      # of Stories \_\_\_\_\_
- ☐ Frame                      Sq. Ft. of Improvement \_\_\_\_\_
- ☐ Metal                      Cost of New Structure or Improvement \_\_\_\_\_

## **Proposed Use of Structure** (check applicable items)

- |  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Residential:  | <input type="checkbox"/> Misc:        | <input type="checkbox"/> Business   |
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Garage       | Type: _____                         |
| <input type="checkbox"/> 2 or 3 Family | <input type="checkbox"/> Carport      | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Multi-Family  | <input type="checkbox"/> Storage Shed | Type: _____                         |
| # of Units _____                       | <input type="checkbox"/> Other: _____ |                                     |
- ☐ Other (fully explain) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **FOR OFFICE USE ONLY**

Municipality Submitting Application \_\_\_\_\_ VILLAGE OF MILLSTADT \_\_\_\_\_

Municipality Address \_\_\_\_\_ 111 WEST LAUREL STREET, MILLSTADT, IL 62260 \_\_\_\_\_

Municipality Phone # \_\_\_\_\_ 618-476-1514 \_\_\_\_\_ Permit # \_\_\_\_\_