



# FENCE/HEDGE/RETAINING WALL PERMIT APPLICATION

City of St. Joseph, Missouri | Planning & Zoning  
1100 Frederick Avenue, Room 107  
Zack Martin, City Planner | (816) 271-4648 | [zmartin@stjoemo.org](mailto:zmartin@stjoemo.org)

All fences, hedges, and retaining walls in the City must comply with Sec. 31-054 of the City’s Code of Ordinances, located online at [stjoemo.info](http://stjoemo.info) **The following must be included with every permit application:**

1. Completed Application & Fee | **Residential \$31.50 | Commercial \$63.00**
2. Site plan, indicating location of fence, hedge, or retaining wall, with dimensions and clear indication of existing buildings, property lines, etc.

Site plans can be created utilizing the online Buchanan County GIS service, which provides property lines, zoning, and more at [buchanangis.integritygis.com](http://buchanangis.integritygis.com)

### Proposed Fence/Hedge/Retaining Wall Information

- Fence                      Location (check all that apply)     Front    Side    Rear
- Hedge                      Height of Fence (Front) \_\_\_\_\_ (Side) \_\_\_\_\_ (Rear) \_\_\_\_\_
- Retaining Wall              Fence/Hedge/Retaining Wall Material \_\_\_\_\_

### Project Address

Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

### Applicant/Contractor Information

Name \_\_\_\_\_ | Property Owner  Yes  No  
Business Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ | Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*If building on property line, please complete the section on back of application.*

<b>Section to be completed by City</b>	
<b>Zoning Review</b>	<b>Fees</b>
<input type="checkbox"/> District/Plan/Floodway	<input type="checkbox"/> Residential (31.50)
<input type="checkbox"/> Height/Materials	<input type="checkbox"/> Commercial (63.00)
Approved By _____ Date _____	
Accela ID _____	Total (\$) _____

*\*If project involves additional parcels with different owners than above, please complete this section*

**Applicant/Property Owner Information**

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ | Email \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Additional Property Owner Information:**

**Applicant/Property Owner Information**

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ | Email \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant/Property Owner Information**

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ | Email \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Notary Information**

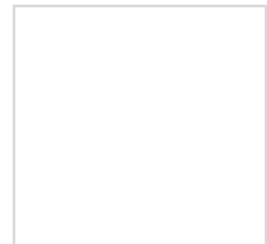
Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My Commission Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_



*\*Notary services are provided at City Hall, 1100 Frederick Avenue, Room 107*