

**FENCE/RETAINING WALL  
 PERMIT APPLICATION  
 CITY OF GLENWOOD**  
 137 East Minnesota Avenue  
 Glenwood, MN 56334  
 320-634-5433 FAX 320-634-5592

Permit# _____
Receipt# _____
Date: _____

**APPLICANT:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Location: \_\_\_\_\_

**DIMENSIONS:**

Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Height: \_\_\_\_\_ (feet) **\*\*Measured from ground level to top.**

Yard Location: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

This application must be accompanied by a site plan showing the location of the fence / retaining wall on the site and distance to property lines.

If and/or when the City is subject to get outside review such as legal, engineering, etc., or there are direct costs for processing the application such as publishing required notices, the costs are billed to the applicant and the applicant, by signing this request agrees to pay such fees.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*See reverse side for information regarding location and construction per Ordinance 381.C.

FOR OFFICE USE ONLY.		
Permit Fee Schedule:		
Permit Fee:	\$ _____	Date Paid: _____
Variance Fee:	\$ _____	
Penalty:	\$ _____	Permit:
Other:	\$ _____	___ Approved Date: _____
	_____	___ Denied
Total Permit Fee:	\$ _____	Authorized By: _____