



Fence/Retaining Wall Permit Application

339 Third St. • Excelsior, MN 55331
(952) 653-3674

Permit No. _____

Email permit to: permits@excelsiormn.org

Application For:

- Fence - Less Than Six Feet in Height Height of Fence: _____ feet - measured from grade
- Retaining Wall - Less Than Four Feet in Height Height of Retaining wall: _____ feet - measured from grade
(retaining walls OVER four feet in height need a separate building permit application)

Property Address _____ Zoning: _____

Additional Information: _____

<input type="checkbox"/> Three copies of a Site Plan depicting the property in question OR <input type="checkbox"/> If within three (3) feet or less of property line, a Boundary Line Survey or notarized signature of the adjoining property owner(s) exempting need for Boundary Line Survey <input type="checkbox"/> Diagram of fence to scale with fence materials <input type="checkbox"/> Finished side of fence must face neighboring property <input type="checkbox"/> Required Fees*: Application Fee \$75.00 * Permit fees can be found on the City of Excelsior Fee Schedule

Applicant:			
Name:		Phone:	
Address:		E-mail:	
City:		State:	
		Zip:	

Owner (if different than applicant):			
Name:		Phone:	
Address:		E-mail:	
City:		State:	
		Zip:	

I hereby acknowledge that I have read and fully understand the applicable provisions of the City Ordinances. I authorize the City Zoning Administrator and/or the City Building Official or designee to enter upon the property to perform any inspections. Entry may be without notice. All information in this application is true and correct to the best of my knowledge.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Owner

<p>Building Inspector Final</p> <p>_____</p> <p>Date: _____</p> <p>Call Metro West Inspections for Final: 763.479.1720</p>

City Approval: _____ Date: _____

Note: Prior to digging, please contact Gopher One Call – www.gopherstateonecall.org