CITY OF Warsaw

201 W. Main St. • P.O. Box 68 • Warsaw, Mo. 65355
Phone: (660) 438-5522; Fax: (660) 438-7142
www.warsawmo.gov

Date of Application: _____

SHED PERMIT APPLICATION

*There is **NO FEE** for a Residential Shed Permit for portable structure sheds, 10' x 10' or less. Sheds over 10'x10', or sheds that include electrical, plumbing, water, a concrete slab, and will be a permanent structure will require a Building Permit with fees applied in addition to the Shed Permit Application. Permit is valid for **ONE YEAR** from date of application.*

Property Owner Information:

Name: _____

Shed Address: _____
Street *City* *State* *Zip*

Phone #: _____ Alternate Phone #: _____

Email: _____

***Contractor Information** (if applicable):*

Name/Business Name: _____

Address: _____
Street *City* *State* *Zip*

Phone #: _____ Alternate Phone #: _____

Email: _____

Shed Information (Check all that apply):

Type:

_____New/New Build
_____Repair
_____Portable/Pre-Made Shed

Material:

_____Wood
_____Aluminum
_____Vinyl
_____Other: _____

Location:

_____Residential
_____Commercial

Slab:

_____No slab needed
_____Concrete/Permanent Structure (must obtain Building Permit)

All sheds must be AT LEAST 5 feet from the house and the back-property line, as well as 7 feet from the side-property line.

Set-Back Measurements:

Front Yard: _____ft.
Back Yard: _____ft.
Left Side Yard: _____ft.

Shed Dimensions:

Length: _____ft.
Width: _____ft.
Height: _____ft.

Estimated Cost: $_____

- Does shed require electrical? (*Circle one*) **No** **Yes** (if yes, fill out Building permit. Do NOT continue)
- Will shed have plumbing? (*Circle one*) **No** **Yes** (if yes, fill out Building permit. Do NOT continue)

The presence of easement on your property may influence your decision to install a shed.
Are you aware of any existing easements on your property? If yes, please read:
It is the applicant's responsibility to ensure that all fences adhere to the specific requirements of their neighborhood associations or covenants and city easements.

I, the undersigned, certify that the statements/information made within this application, as well as any other supporting documents, is complete, true, and correct to the best of my knowledge.

_____ _____
Signature *Date*

BUILDING INSPECTOR:

Inspected By:_____	Approved By:_____	Issued By:_____
Insp. Date____/____/____	Approval Date:____/____/____	Issue Date:____/____/____