



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

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

- Location:**
- Residential
- Commercial

- Material:**
- Wood
- Aluminum
- Vinyl
- Other: _____

- 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.

- 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: ____/____/____