599 S. Main Street Johnstown, Ohio 43031 Telephone: 740-967-3177



SHED PERMIT APPLICATION: CHAPTER #1171.03

Application Number		Date:	/
<u>FEE:</u>			
Residential - \$50			
Non-Residential - \$200			
Total Fee Amount: <u>\$</u>	Paid: Check #:	/ Cash: _\$	
1. Applicant:		Phone: _()	
2. Address:	City:	State:	Zip:
3. E-mail Address:			
4. Existing Use of Property			
5. Square Feet of Shed/Accesso	ory Building		
6. Yard Dimensions: Front	`_Rear`_Left sid	e'_Right side_	,
7. Percentage of Lot To Be Cov	rered% Total S	quare Feet of Lot	,
8. Projected Cost of Shed/Acces	sorv Building		

Required for Permit: Two (2) scaled and dimensioned drawings showing the lot, with location of all existing and the proposed building. Attach any requested, supplemental, or necessary documentation.

***The undersigned is applying for a Shed Permit to allow a shed to be built or installed; said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct and agrees to follow all applicable Shed/Accessory building regulations 1121.02 and 1171.03.

Applicant's Signature	_Date	_/	_/
OFFICE USE ONLY:			
Date Received in Office/By:			
Date Permit Issued/By:			
Date of Inspection if Required / / By:			_