



PERMIT # _____
REC'D DATE _____
FEE: _____
CASH: _____
CHECK NO. _____

SHED APPLICATION

NAME: _____

ADDRESS: _____ Block: _____ Lot: _____

DAYTIME PHONE: _____

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE: _____ LICENSE NO. _____

Description of work: (show placement on survey)
Height and type of shed: _____
Estimated cost of work: \$ _____
Supply lot coverage percentage of all buildings and impervious surfaces: _____
Applicants Signature: _____

Is hereby granted permission to perform the following work to construct or replace a shed and will abide by all provisions of the Borough of Keyport shed ordinance and the following conditions:

- | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • ALL SHEDS LARGER THAN 100 SQ. FT. REQUIRE A CONSTRUCTION PERMIT. • NO SHED SHALL BE INSTALLED CLOSER THAN 3' FEET FROM ANY PROPERTY LINE. • NO SHED SHALL BE INSTALLED IN ANY FRONT YARD, OF ANY PROPERTY. • THE INSTALLATION OF ANY ELECTRICAL WIRING REQUIRES AN ELECTRICAL PERMIT. • ALL PERMITS MUST BE FILED, ALONG WITH A COPY OF THE PROPERTY SURVEY. • MAXIMUM OF 2 ACCESSORY BUILDINGS ALLOWED PER LOT. |
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Approved: _____ Date: _____

Not Approved: _____ Date: _____

By: _____
Zoning Officer

Comments: _____