

TOWN OF GREEN MOUNTAIN FALLS
SHED PERMIT APPLICATION

Date: _____

Property Owner's Name: _____ Phone Number _____

E-Mail Address: _____

Contractor's Name: _____ Phone Number _____
(if applicable)

Mailing Address: _____

Site Address: _____

Proposed Fencing: Type: _____ Height: _____

Legal Description: Lot _____ Block _____ Zoning _____

Please attach a survey showing property boundary lines, footprint of residence, and any other structures on the property as well as the location of proposed shed.

Property Owner Signature: _____ **Date** _____

Contractor's Signature: _____ **Date** _____
(if applicable)

Date fee received: _____

Date application approved: _____