



City of Woburn Inspectional Services

Phone 781-897-5840 Fax 781-897-5849

| |
|----------------|
| Permit # _____ |
| Date: _____ |

Fee _____ CASH
 Check # _____ CHECK

APPLICATION FOR RESIDENTIAL (1 & 2 FAMILY) SHED PERMIT

A "SHED" IN COMPLIANCE WITH THIS APPLICATION IS A ONE STORY DETACHED ACCESSORY STRUCTURE USED AS A TOOL OR STORAGE SHED, PLAYHOUSE AND SIMILAR USE, BUT NOT A GARAGE, PROVIDED THE FLOOR AREA DOES NOT EXCEED 200 SQUARE FEET. ALL OTHER STRUCTURES REQUIRE A BUILDING PERMIT IN COMPLIANCE WITH CMR 780. A SHED PERMIT MUST BE OBTAINED BEFORE COMMENCING WORK.

LOCATION _____ ZONING DISTRICT _____

OWNER _____

ADDRESS _____ TEL. NO. _____

SINGLE FAMILY _____ TWO FAMILY _____

SETBACKS FROM PROPERTY LINES : FRONT _____ SIDE _____ REAR _____

SQUARE FOOTAGE OF SHED _____ ESTIMATED COST _____

CONSERVATION COMMISSION _____ DATE _____

PERMITS SHALL BECOME VOID SIX MONTHS AFTER DATE OF ISSUE UNLESS CONSTRUCTION HAS COMMENCED. FALSE STATEMENTS WILL RESULT IN REVOCATION OF PERMIT. THE UNDERSIGNED ASSUMES ALL RESPONSIBILITY FOR COMPLIANCE WITH APPLICABLE CODES, ORDINANCES, BY-LAWS, RULES AND REGULATIONS OF THE CITY OF WOBURN. THE ABOVE IS SUBSCRIBED TO AND EXECUTED UNDER THE PENALTIES OF PERJURY IN ACCORDANCE WITH SECTION 1A OF CHAPTER 268 M.G.L.

SIGNATURE OF OWNER _____ DATE _____

***PLEASE NOTE MINIMUM SETBACKS FOR DETACHED ACCESSORY STRUCTURES IN RESIDENTIAL DISTRICTS IS: 25' FRONT, 12' SIDE, 4 REAR LINE**

CERTIFICATION OF TREASURER/COLLECTOR

(MGL c.40,§57; WMC 3-24)

Office Use Only: DEPARTMENT

NOTE - ALL LINES MUST BE COMPLETED BY APPLICANT.

1. Parcel which directly relates to the application filed. (This numeric Parcel I.D. can be found: on the tax bill, or in Street Listing Records at the Building or Assessor's office. Web: <http://data.visionappraisal.com/WoburnMA/>.)

(Example I.D.: 12-34-56) Map _____ Block _____ Lot _____

2. Does Real Estate owner and/or tenant own or have a beneficial or financial interest in any other real estate properties within the city of Woburn?

Circle one: NO YES

A beneficial interest can be as an individual, partnership, trust, LLP, LLC etc. If YES, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map _____ Block _____ Lot _____
Map _____ Block _____ Lot _____

3. Property Address where permit is sought: _____
Real Estate Owner Name(s): _____
Real Estate Owner(s) Legal Business Name (if any): _____
Real Estate Owner's Residential Address (if different): _____
Telephone Number: _____

Tenant/Lessee Name: _____
Legal Business Name (if any): _____
Tenant's Address: _____ Telephone Number: _____

4. Check one: Residential Individual/Sole Proprietor Corporation
 Trust LLC/LLP Other _____

5. I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.

Date Signature of Applicant Property Owner or Tenant (Not contractor)

Title Print Name

(For Office Use Only)

CERTIFICATION OF TREASURER/COLLECTOR

The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of:

Certification Date

EXPIRES: _____

Treasurer/Collector

* FAXES OR SIGNATURE COPIES WILL NOT BE ACCEPTED *

For copies of this form: <http://www.cityofwoburn.com/index.asp?nid=279>