

Applicant Signature : _____

Town of Wellfleet

Building Department 220 West Main Street Wellfleet, MA. 02667 508-349-0309

Approved by: _	
Date:	
Permit #:	
Fee:	
Check #	

Permit Application for Shed 120 square feet or under

LOCATION OF BUILDING		
NoStreet	Lot	
Owner	Phone	
Address	Zip Code	
Prior to releasing permit, application must be approved by:		
Health and Conservation Agent:		
CONTRACTOREmail	Phone Number	
COMPANY NAME	HIC#Exp. Date	
Address	CSL#Exp. Date	
 MUST SUBMIT: 1 copy of completed application 1 copy of Engineered Site/Septic Plan, showing size & location of all buildings with set backs and location of proposed shed clearly marked All work to be done in accordance with MA State Building Code 780 CMR 		
Setback Information: Compliance with setbacks as per Wellfleet Zoning30 feet from the front, 5 feet from the side and rear. Door to shed must face into the property if located within 25 feet of side, and 10 feet from rear lot line. Maximum height is 12'		
Dimensions of shed:	Estimated Cost:	
Applicant Name (printed clearly):		