



City of Kingsford

The Progressive City

Application for Storage Shed Permit

Date: _____

First & Last Name _____

Phone Number _____ Email _____

Property Address _____

Property Parcel #: 22052- _____

I hereby apply for permission to erect a storage shed as follows:

Type of Material:

Wood

Metal

Other _____ If Other, Explain: _____

Shed Location:

Rear Yard

Side Yard

Front Yard

**** Must include a sketch of Storage Shed Location with Application ****

To ensure that the proper setbacks are maintained, it is the **property owner's** responsibility to have the property corner located or properly established prior to construction of the shed.

Signature: _____

Email completed form to: assessor@kingsfordmi.gov or info@kingsfordmi.gov

Zoning Administrator's Use Only Section

Shed Permit is: Approved _____ Denied _____

Zoning/Asst. Zoning Administrator Signature: _____ Date _____