



**MAYOR AND COUNCIL**  
**3337 VICTORY STREET**  
**P.O. BOX 830**  
**MANCHESTER, MD 21102**

**SHED ZONING CERTIFICATE APPLICATION**

PROPERTY OWNER'S NAME: \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S PHONE #: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

CONTRACTOR'S PHONE #: \_\_\_\_\_

SIZE OF SHED: \_\_\_\_\_

HEIGHT OF SHED: \_\_\_\_\_

\*\*\*\*\*SHEDS MUST BE LOCATED IN REAR YARDS\*\*\*\*\*

-Please attach a plat or other depiction of the subject property showing the proposed shed location on the property. Please include fee with application when submitted.

-The undersigned acknowledges review of the requirements for Chapter 250-26 Accessory uses, buildings and structures and certifies that the above information is correct.

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR TOWN OFFICE USE ONLY**

ZONING OF PROPERTY: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_  
Town Administrator/Zoning Administrator

DISAPPROVED: \_\_\_\_\_ DATE \_\_\_\_\_  
Town Administrator/Zoning Administrator

FEE \$50.00 Received \_\_\_\_\_ DATE \_\_\_\_\_ CERTIFICATE # \_\_\_\_\_