

SHED PERMIT APPLICATION

PROPERTY INFORMATION	
Project/Property Address:	Parcel Number:
Project Name/Business Name:	Zoning: <i>(see Map)</i>
Variance #: <i>(if applicable)</i>	Acreage:

SHED SPECIFICATIONS			
Height:	Dimensions:	Total Area: <i>(Sq. Ft.)</i>	Is this property a corner lot? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of work to be done:			

APPLICANT INFORMATION	
Applicant Name <i>(Primary Contact):</i>	Applicant Address:
Applicant E-mail:	Applicant Phone:
Business Name <i>(if applicable):</i>	

ADDITIONAL CONTACTS	
<i>*Please list all applicable contacts for correspondence*</i>	
Name(s)	Contact Information (phone/email)
Property Owner Name: <i>(if different from Applicant)</i>	Property Owner Contact Information (phone no./email):

ADDITIONAL INFORMATION ON NEXT PAGE....

INTERNAL USE

Zoning File No. _____

RECEIVED: _____
DATE: _____

PAID: _____
DATE: _____

SHED PERMIT APPLICATION - SUBMISSION REQUIREMENTS

TO BE COMPLETED/SUBMITTED BY THE APPLICANT:

1. Review Gahanna Code for your property's zoning requirements (*visit www.municode.com*)
2. Application & all supporting documents submitted in hardcopy OR digital format. <https://ohga.onlama.com/>
3. Application fee paid (*in accordance with the [Building & Zoning Fee Schedule](#)*)
4. Drawings & Specifications to include:
 - Exact location of the shed
 - Distance from the shed to the rear and side property lines.
 - Full dimensions of the shed.
5. Property plot plan or certified survey showing streets, structures, building lines, & easements.
Note:
 - *Plot plans can be found at www.franklincountyauditor.com*
 - *Certified surveys can be found in the property owner's closing documents*
6. The applicant must contact the City of Gahanna, Zoning Division at Zoning@gahanna.gov or at 614-342-4025 to schedule a an inspection upon completion of installation.

APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: _____ Date: _____

PLEASE NOTE:

- The application expires if no action is taken 6 months from the date of the last staff comment letter.