Shed Permit

Community Development/Planning Dept.
401 N. Madison St., Spring Hill, KS 66083
(913) 592-3657 ● (913) 592-5040 FAX
planning@springhillks.gov ● www.springhillks.gov

Permit No._____
Permit Fee $ 25.00
Approved By:_____
Date:_____

PROPERTY ADDRESS_____

COUNTY: ❑ JOHNSON ❑ MIAMI ZONING_____

OWNER OF PROPERTY_____

PHONE_____ E-MAIL_____

Approximate cost of project (*labor and materials*) $_____

Setback from REAR property line:_____Setback from SIDE property line:_____Square footage of shed:_____

Submit a plot plan drawing or mortgage survey, indicating the shed's location in relation to the property lines

- **Maximum** shed size is 120 square feet.
- **Maximum** height of 12' is measured from grade to the highest point of shed.
- Only one (1) shed is allowed on the property.
- **If you live in a subdivision with a homeowners' association (HOA), we recommend that refer to the HOA covenants regarding these structures before proceeding with installation**.

NOTE: Please call City Hall at (913) 592-3657 for a final inspection when the project is complete.

Shed Requirements for Residential districts R-1, and R-2:
SECTION 17.336.B.2.e
USE REGULATIONS

e. One accessory building with a maximum size of 120 square feet by 12 feet maximum height may be allowed in the rear yard only. **A minimum of a five-foot setback from the side and/or rear yard line is required. It shall be anchored properly to the ground to resist wind forces of 25 lbs. per square foot on roof or wall surfaces**. Such accessory building shall be maintained comparable to the maintenance of the main dwelling structure. (Ord.2007-24)

Multi-family districts R-3 and R-4 and Commercial districts C-0, C-1, and C-2: Minimum setback from side and /or rear yard is seven feet.

APPLICANT/OWNER ACKNOWLEDGEMENT

I,_____, (applicant/owner), hereby acknowledge that it is my responsibility to place the shed to be constructed on or within the property boundaries and required property line setbacks of the address provided on this application.

Signature (Applicant/Owner)_____Date_____