



TOWN OF SEEKONK
BUILDING DEPARTMENT
100 PECK STREET
SEEKONK, MA 02771

SHED PERMIT APPLICATION

Owner: _____

Address: _____

Telephone: _____

Signature: _____

Map#: _____ **Lot#:** _____

Shed Size: _____ **X** _____ **Gross Floor Area:** _____ **sf**

Shed Cost Amount: \$ _____ **Permit Fee:** \$ _____

Date: _____

Building Official Signature: _____

Building Permit #: _____

Receipt #: _____