

Permit # _____

Temporary Storage Unit Permit

**Owner or manager of property on or at
which the temporary storage unit is to
be placed**

**Individual or company who owns the temporary
storage unit**

Name _____

Name _____

Address _____

Address _____

Telephone # _____

Telephone # _____

Signature of Owner/Property Manager _____

A copy to scale of the property survey must accompany this application

Have you had a permit for an outdoor storage unit with in the pass 12 months ?

NO _____ YES _____ WHEN _____

Only one unit shall be permitted per residential property

Size of unit _____ Length _____ Width _____

Location of storage unit _____ Distance from curb _____

POD for moving \$50.00 _____ POD for construction \$100.00 _____
valid for 14 days valid for 3 months

14 additional days - no fee _____ 3 additional months - no fee _____

Date of placement _____ each additional month \$25.00 _____
(after initial 6 months)

Date of removal _____ Date of placement _____

Renewal date _____ Date of removal _____

Renewal date _____

Fees _____ CK. # _____ Cash _____ Date _____

Approved by: _____ Date _____