



## PLACEMENT OF STORAGE CONTAINERS PERMIT APPLICATION

Date : \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone

Container Location: \_\_\_\_\_

Type of Container: \_\_\_ Mobile Storage Container \_\_\_ Portable Onsite Storage Container

Use of Container: \_\_\_\_\_

Size of Container: \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Zoning District of Location: \_\_\_\_\_ Screening Required: \_\_\_\_\_

Date Container is placed in location: \_\_\_\_\_

Date Container shall be removed: \_\_\_\_\_

Permit approved by:

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Date