

(918) 786-6107 Fax (918) 786-8939 www.cityofgroveok.gov

NON-CONFORMING MOBILE STORAGE CONTAINER PERMIT APPLICATION

Date :				
Name:				
Address:				
City	State	Zip	Phone	
Size of Container:			Zoning of property:	
Type of Screening: Must attach a Screening approved by the Building	Plan stating what type	of screening v	will be used. Screening Plan must be	
Current Color of Con	tainer:		New Color of Container:	
Location of Containe	r:			
Date Container was p	blaced on property	:		
Permit approved by:				
Building Inspector			Date	