

Planning



Department

PORTABLE STORAGE UNIT PERMIT APPLICATION

Address: _____

Parcel Number: _____

Size of Portable Storage Unit: (____) feet x (____) feet x (____) feet

Purpose: _____

Anticipated Time Period: _____

Please note that there are currently many regulations on portable storage units regarding their type, size, location on property, and length of time allowed on property. In order for the city to properly review this application and make a decision, the applicant must submit a drawing that shows the exact location where the portable storage unit will be placed.

In the fields below, please provide the best point of contact for the person submitting this application and the respective drawing for the location of the portable storage unit.

Name of Person: _____

Name of Company (If Applicable): _____

Business Address (If Applicable): _____

Phone Number: _____

Email: _____

In signing below, I (we) confirm that I (we) own the land identified on this application and that the information in this application is true to the best of my (our) knowledge. Additionally, I (we) consent to the proposal being represented with this application.

Landowner Signature: _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

Additional Landowner Signature (If Applicable): _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

Additional Landowner Signature (If Applicable): _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

Fee Schedule:

- If on residential property: \$10
- If on commercial property: \$50

Permit Fee: _____

FOR OFFICE USE ONLY

Payment Type: ___ Cash ___ Check ___ Card

Amount Paid: _____

Date: _____

Permit Number: _____