

## APPLICATION & PERMIT FOR TEMPORARY STORAGE CONTAINER

For Zoning Officer Use Only

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			Effective Date	
			Expiration Date	
NAME OF APPLICANT				
APPLICANTS STREET ADDRESS				
LOCATION / ADDRESS OF CONTAINER PLACEMENT –IF DIFFERENT FROM ABOVE				
BLOCK	LOT	PROPERTY OWNER	PROPERTY OWNER PHONE NUMBER	
SIZE OF CONTAINER				
LOCATION OF CONTAINER: CHECK ONE REASON FOR STORAGE CONTAINER:				
LOCATION OF CONTAINER: CHECK ONE  REASON FOR STORAGE CONTAINER:    DRIVEWAY				
APPLICANTS SIGNATURE		DATE		

Issued By: \_

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

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Jennifer Gorini, PP, AICP, Zoning Officer