

**APPLICATION FOR A STORAGE CONTAINER PERMIT**

A) APPLICANTS NAME: \_\_\_\_\_

FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

NUMBER STREET CITY ZIP

PHONE: ( ) \_\_\_\_\_

B) DIMENSIONS AND CAPACITY OF THE CONTAINER TO BE USED:

BOX: \_\_\_\_\_ SIZE \_\_\_\_\_

BAG: \_\_\_\_\_ SIZE \_\_\_\_\_

BIN: \_\_\_\_\_ SIZE \_\_\_\_\_

DUMPSTER: \_\_\_\_\_ SIZE: \_\_\_\_\_

PORTABLE STORAGE UNIT: \_\_\_\_\_ SIZE: \_\_\_\_\_

POD: \_\_\_\_\_ SIZE: \_\_\_\_\_

OTHER: \_\_\_\_\_ SIZE \_\_\_\_\_

DISCRIPTION

C) ADDRESS AND LOCATION OF THE PLACEMENT OF THE CONTAINER

NUMBER STREET CITY ZIP

DURATION OF TIME: WHEN IT WILL BE PLACED & WHEN IT WILL BE REMOVED

FROM \_\_\_\_\_ TO \_\_\_\_\_

DATE DATE

MATERIALS THAT WILL BE STORED IN THE CONTAINERS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

PERMIT NO: \_\_\_\_\_ ISSUED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE TITLE