

PERMIT # _____

DATE _____ FEE \$ 100.00

PAYMENT: CHECK CASH



STORAGE PERMIT APPLICATION

COMPANY NAME: _____

ADDRESS: _____

START DATE: _____

END DATE: _____
(NOT TO EXCEED SIX MONTHS)

I, the undersigned, agree to the terms outlined above and will remove storage containers on or before the date stated. I understand, failure to comply will result in civil forfeitures levied on a daily bases.

*Failure to obtain a permit prior to installing storage containers:
First Offense: Fees Double
Second Offense: Fees Triple plus fines which accrue on a daily basis.*

Signature

Date

Building Inspector

Date