

**Borough of Hillsdale
Temporary Storage Container Application
\$50.00 Fee**

Date _____

Block _____ Lot _____

Property Owner's Last Name _____ First _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ Cell _____

Applicant's Last Name _____ First _____

City _____ State _____ Zip Code _____

Storage Container Size _____

Zone _____

Start Date for Container _____ Date of Removal _____

Property Survey attached _____ (mandatory)

APPROVAL _____ DENIAL _____

Steven Loesner, Zoning Officer

Paid _____ Check # _____ Date _____

The undersigned applicant understands and agrees that this storage container is temporary in nature and the applicant understands and has read the Ordinance regulating the same.

CERTIFICATION

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or that I am the general partner of the partnership applicant.

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

Sworn and Subscribed before me this

_____ day of _____, 20

NOTARY PUBLIC

SIGNATURE OF APPLICANT

I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to bound by the application, The representations made and the decision in the same manner as if I were the applicant.

(If the owner is a corporation this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.)

Sworn and Subscribed before me this

_____ day of _____, 20

NOTARY PUBLIC

SIGNATURE OF APPLICANT