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STORAGE CONTAINER PERMIT APPLICATION

Property Owner Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Address of Storage Container: _____

Name of Container Company: _____

Address of container company: _____

Phone number of container company: _____

Intended use of container: _____

Map of intended placement (below) Estimated time container to be on site _____

FOR OFFICE USE ONLY

DATE: _____

PERMIT FEE: _____

EXPIRATION: _____