

PORTABLE STORAGE CONTAINERS PROVISIONAL USE PERMIT APPLICATION



Please Return To: Construction/Zoning Department
500 Madison Street
Carlstadt, New Jersey 07072
Telephone (201) 939-2304 Fax (201) 531-8711

\$50.00 APPLICATION/PERMIT FEE IS REQUIRED

The initial fee for placement of a Portable Storage Container on a site shall be \$50.00 for first 30-day period, first 30-day period of extension fee shall be \$100.00, each subsequent 30-day period fee shall be \$150.00.

APPLICANT INFORMATION:

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

Container Supplier: _____ Supplier Phone: _____

Container Sq. Ft.: _____ Street Placement (Y/N): _____

Delivery Date: _____ Estimated Return Date: _____

Applicant Signature: _____ Date: _____

OWNER INFORMATION:

Owner Name: _____ Address: _____

Per Section 14-6 of Borough of Carlstadt Ordinance, I certify that I am the homeowner of this property. I have read the attached regulations on Portable Storage Units and understand that this permit may be revoked if failure to comply with all provisions. I give my consent to inspectors initiated by the Construction/Zoning Administrator to verify compliance with the requirements for provisional uses and grant a right of access for the Construction/Zoning Administrator to make such inspections.

Owner Signature: _____ Address: _____

Office Use Only:

Date Received: _____

Certificate of Insurance (Y/N): _____

Construction/Zoning Staff: _____

Date Paid: _____ Amount Paid: _____

Street Placement (Y/N): _____

Comments: _____

Approved (Y/N): _____

Cash/Check: _____