

**ZONING OFFICE
TEMPORARY STORAGE UNIT PERMIT APPLICATION
INITIAL PLACEMENT: FEE \$50**

DATE: _____

NAME OF HOMEOWNER: _____

ADDRESS: _____, Ho-Ho-Kus

NAME OF APPLICANT: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

DATE OF DELIVERY: _____

Please initial below to indicate compliance:

____ **COPY OF DELIVERY TICKET TO BE SUBMITTED TO THE ZONING OFFICE
WITHIN 24 HRS. OF DELIVERY TO CONFIRM PLACEMENT DATE**

____ **THE TEMPORARY STORAGE UNIT WILL NOT REMAIN ON THE ABOVE
REFERENCED PROPERTY MORE THAN 30 DAYS FROM DATE OF PLACEMENT**

____ **ONLY 1 (ONE) TEMPORARY STORAGE UNIT WILL BE PLACED ON THE
PROPERTY**

____ **THE TEMPORARY STORAGE UNIT DOES NOT EXCEED 160 SF IN
FOOTPRINT**

____ **THE STORAGE UNIT WILL BE PLACED IN THE DRIVEWAY, IF NOT, THE
LOCATION MUST BE INDICATED BELOW AND APPROVED BEFORE PLACEMENT**

ALTERNATIVE LOCATION: _____

APPROVED _____

DENIED _____

I do hereby certify that the foregoing information is correct. I am aware that if any of the foregoing statements are willfully false, I will be subject to penalty.

Name: _____

Date: _____

Signature: _____