

TOWNSHIP OF ROCHESTER

TEMPORARY PORTABLE STORAGE UNIT PERMIT

Name of Applicant _____

Address of Applicant _____

Tax Map No. _____

If different than the location of storage unit _____

(On the space at the bottom of the page, draw a site plan showing where the unit will be placed)

Placement of Storage Unit (driveway, side-yard, etc.) _____

Number of Units is limited to one. Maximum total number of placements per year is two.

SIZE OF UNIT TO BE PLACED shall not exceed eight feet in width, eight feet height & sixteen feet in length.

Permit issued subject to the restriction of ordinance No. 2008-03 (attached). Temporary portable storage Units shall be free of rust, peeling paint or other visible forms of deterioration and shall be painted or covered in a manner that is aesthetically consistent with nearby and surrounding structures. Storage units shall not be used to store animals or humans.

Comments or special conditions:

Date of issue _____

Date of expiration _____

Township of Rochester _____

Applicant _____

SITE PLAN DRAWING: Show the Unit in conjunction with the (applicant's) residence or building and the street where Unit will be placed.