TEMPORARY PORTABLE STORAGE CONTAINER PERMIT APPLICATION

APPLICANT SERVICES
(850) 891-7125
FAX: 891-0948
BUILDING INSPECTION
(850) 891-7050
FAX: 891-7099

Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.
Tallahassee, Florida 32301

Date: _____ **Call Back #:**_____ **Fax Back #:** _____

Trust Acct #: _____ **Temp Storage Permit #: TBC**_____

Name of Owner:_____ **Telephone No.:** _____

Location:_____ **Parcel ID #:** _____

Applicant Name: _____ **Telephone No.:** _____

Mailing Address: _____
Street No. & Name *City* *State* *Zip*

A. TYPE OF IMPROVEMENT
19 Temporary Storage

B. CLASS OF BUILDING
Residential
☐ 01 ONE FAMILY
☐ 02 TWO FAMILY

☐ **Residential - 30 day PERMIT ONLY** Issued once per each three (3) month period **DATES: From:**_____ **To:** _____	**TEMPORARY STORAGE STICKER NUMBERS** _____
COT Staff Approval:_____ **Approval Date:** _____	**Permit Fees:** Temporary Storage: _____ Other Fee: _____ **Total Fees Due:**_____

I understand that issuance of this permit shall in no way prevents the Building Official from later declaring said temporary portable storage container to be non-conforming, if upon further review of information submitted with the application, or of newly required information, the temporary portable storage container is found not to comply with the requirements of Chapter 10 of the City of Tallahassee, Land Development Code. By signing of this permit, I agree to indemnify and hold harmless the City of Tallahassee for all damages, demands or expenses of every character, which may in any manner be caused by the temporary storage container.

_____ / _____ _____
SIGNATURE of APPLICANT PRINT NAME Date