Town of Grand Rapids

Portable Storage Container Application

Permit Fee $50

FOR OFFICE USE ONLY

Date Received:	Date Paid:	Permit #:

PROPERTY INFORMATION

Owner Name:	Site Address:	Parcel #:
Owner Phone Number:	Owner Address, City, State, and Zip:	Owner Email Address:

District Type: ☐ **Residential** ☐ **Agricultural** ☐ **Commercial** ☐ **Recreational**

CONTAIINER INFORAMTION

Current Zoning:	Expected days on site:	Description of Container:
Use:		
Size of Container (20' x 8' Max.) (1280 cu. ft. Max.)		
_____ Length _____ Width		
_____ Height _____ Cu. Ft.		

I agree to comply with all applicable codes, statues and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and cerify that all the above information is accurate. I expressly grant the building inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

Applicant (Sign): _____ **Print:** _____ **Date:** _____

APPROVAL CONDITIONS:

_____

_____

_____

PERMIT ISSUED BY:

Name:
Date Issued: