



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

<input type="checkbox"/> Residential - 30 day PERMIT ONLY Issued once per each three (3) month period DATES: From: _____ To: _____	<p style="text-align: center;"><u>TEMPORARY STORAGE STICKER NUMBERS</u></p> <p style="text-align: center;">_____</p>
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