

Temporary Storage Container Application

Town of Farmington, New Hampshire
Code Enforcement Department
356 Main Street, Farmington, NH 03835
Telephone: (603) 755-2774

OFFICE USE ONLY

Issue Date: _____

Expires: _____

Permit #: _____

☐ Cash ☐ Check # _____

Amount \$ _____

Map # _____

Lot # _____

Zoning _____

Property Address _____

Applicant _____ Business Name _____

Mailing Address (if different from above) _____

Phone _____ Cell Phone _____ Email _____

Property Owner (if different from above) _____

Owner Address (Include mailing if different) _____

If applicant is not the property owner you must include a written statement from owner granting permission for the temporary storage container.

Primary Use of Property is: ☐ Residential ☐ Commercial ☐ Mixed Use

Dimensions of Proposed Storage Container: _____

Length of Time/Dates Storage Container on Site: _____

Container Leasing Company Name (if applicable): _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____

Applicant's Signature: _____ Date: _____

THIS PERMIT IS: ☐ Issued with the following conditions: ☐ Denied for the following reasons:

Approve By Code Officer: _____ Date _____

Please read and sign reverse

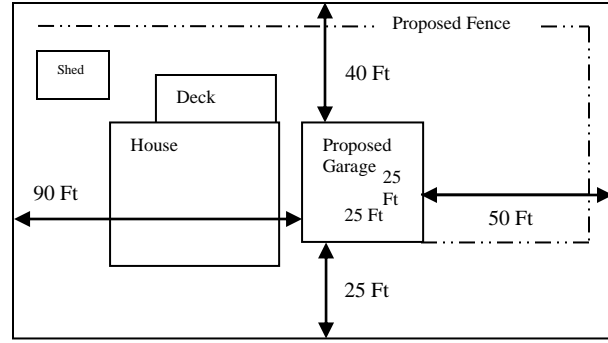


Sketch Plan

Instructions:

- 1) Show the property lines and road(s).
- 2) Show the proposed container and all existing structures.
- 3) Show the measurements from the proposed storage container to all lot lines, measure straight through existing structures if needed.
- 4) Include the dimensions of the proposed storage container.

Sample Plan:



Street

Signature

Date