



505 Commonwealth Avenue Erlanger, KY 859-727-2525

TEMPORARY STORAGE UNIT PERMIT APPLICATION

PROPERTY ADDRESS: _____

PROPERTY OWNER NAME & ADDRESS: _____

PHONE #: _____

EMAIL: _____

APPLICANT NAME & ADDRESS: _____
(if different from property owner)

PHONE #: _____

EMAIL: _____

TYPE OF STORAGE UNIT: _____ DUMPSTER
_____ TENT
_____ CANOPY
_____ TEMPORARY GARAGE STRUCTURE
_____ STORAGE UNIT
_____ OTHER _____

PROPOSED DATE OF DELIVERY/SETUP: _____

PROPOSED DATE OF REMOVAL/PICKUP (30 DAYS MAX): _____

PROPOSED LOCATION OF UNIT: _____ DRIVEWAY
_____ YARD
_____ STREET

RENTAL COMPANY NAME (if applicable): _____

PHONE #: _____