

ON-SITE STORAGE APPLICATION

CONTACT INFORMATION

Your Name:

Your Address:

Your Phone:

Cell Phone:

E-mail:

Fax Number:

GLACIER SPRINGS LOT LOCATION

DIVISION:

BLOCK:

LOT:

12 Digit Tax Parcel #:

Glacier Springs Address:

INFORMATION

Item(s) to be stored:

Is storage to be: Temporary Permanent

If Temporary:

Start Date:

Removal Date:

If Permanent:

Start Date:

Explanation of Need for Storage:

PLANNED STORAGE/PARKING LOCATION

Describe or indicate with drawing where on your lot item will be placed (attach additional sheet if needed):

FOR ZONING COMMITTEE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received:

All Information Complete: Yes No

Site Review: Scheduled Completed

Approved?: Yes No Date:

Comments: