



City of Vestavia Hills, Alabama
Department of Building Safety

PORTABLE STORAGE UNIT PERMIT

PERMIT # _____

PROPERTY OWNER _____ DATE _____

CELL PHONE NO. _____

PHONE NO. _____

ADDRESS OF PORTABLE STORAGE UNIT _____

LOCATION OF PORTABLE STORAGE UNIT (See Page 2)

CONTRACTOR _____

CELL PHONE NO. _____

PHONE NO. _____

DURATION _____ DAYS

TYPE OF OCCUPANCY		DESCRIBE PROPOSED USE
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OTHER (EXPLAIN) _____	_____
<input type="checkbox"/> COMMERCIAL	_____	_____
<input type="checkbox"/> ADDITION/ RENOVATION	_____	_____

PERMIT FEES							
RESIDENTIAL	<input type="checkbox"/>	10 DAYS	NO CHARGE	CONTRACTORS	<input type="checkbox"/>	10 DAYS	NO CHARGE
	<input type="checkbox"/>	60 DAYS	\$100		<input type="checkbox"/>	90 DAYS	\$300
	<input type="checkbox"/>	60 DAYS	\$100		<input type="checkbox"/>	90 DAYS	\$300
COMMERCIAL	<input type="checkbox"/>	10 DAYS	NO CHARGE	<input type="checkbox"/>	90 DAYS	\$300	
	<input type="checkbox"/>	60 DAYS	\$200	<input type="checkbox"/>	90 DAYS	\$300	
	<input type="checkbox"/>	60 DAYS	\$200	<input type="checkbox"/>	90 DAYS	\$300	
COST OF PERMIT		\$	COST OF PERMIT		\$		

PERMITS MAY BE PURCHASED SIMULTANEOUSLY

I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT I AGREE TO COMPLY WITH ALL CITY ORDINANCES REGULATING THE USE OF PORTABLE STORAGE UNITS.

Signature of Contractor or Homeowner DATE _____

Please Print

FOR OFFICE USE ONLY	
APPROVED _____ <small>BUILDING OFFICIAL</small> <small>DATE</small>	COMMENTS _____ _____ _____

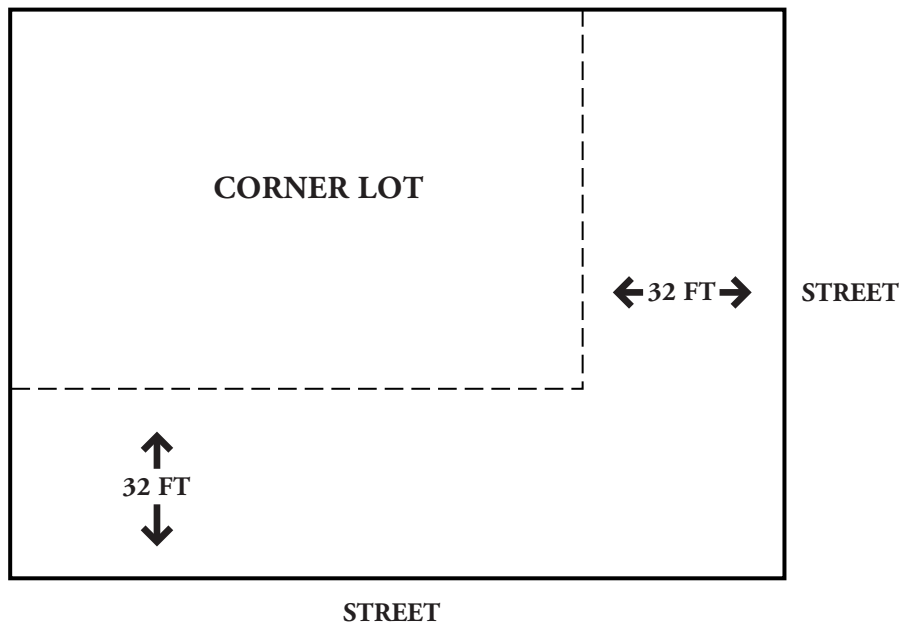
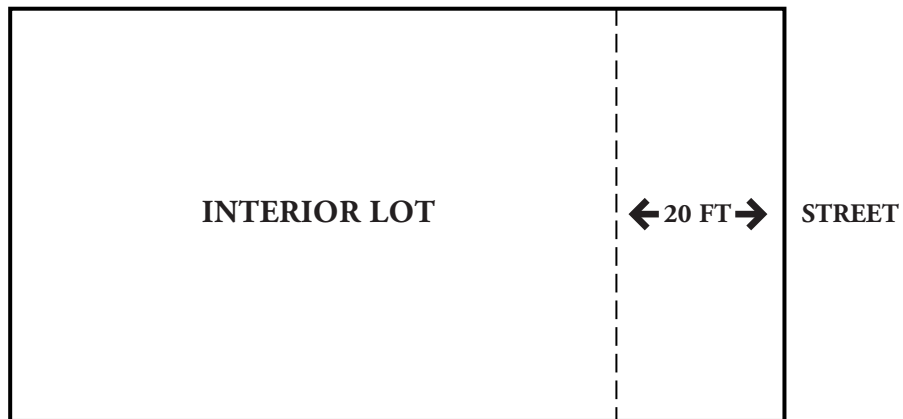


Department of Building Safety • City of Vestavia Hills, Alabama

PORTABLE STORAGE UNIT PERMIT

RESIDENTIAL

PORTABLE STORAGE UNITS MUST BE PLACED AS INDICATED BY SETBACKS.
PLEASE INDICATE STORAGE UNIT ON PROPERTY.



COMMERCIAL

RIGHT-OF-WAYS VARY. PLEASE INDICATE STORAGE UNIT LOCATION ON THE PROPERTY
USING ABOVE PLOTS AND PROVIDE SETBACK DISTANCE.