



**City of Vestavia Hills, Alabama
Department of Building Safety**

PORTABLE STORAGE UNIT PERMIT

PERMIT # _____

PROPERTY OWNER _____ CELL PHONE NO. _____ PHONE NO. _____ DATE _____

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



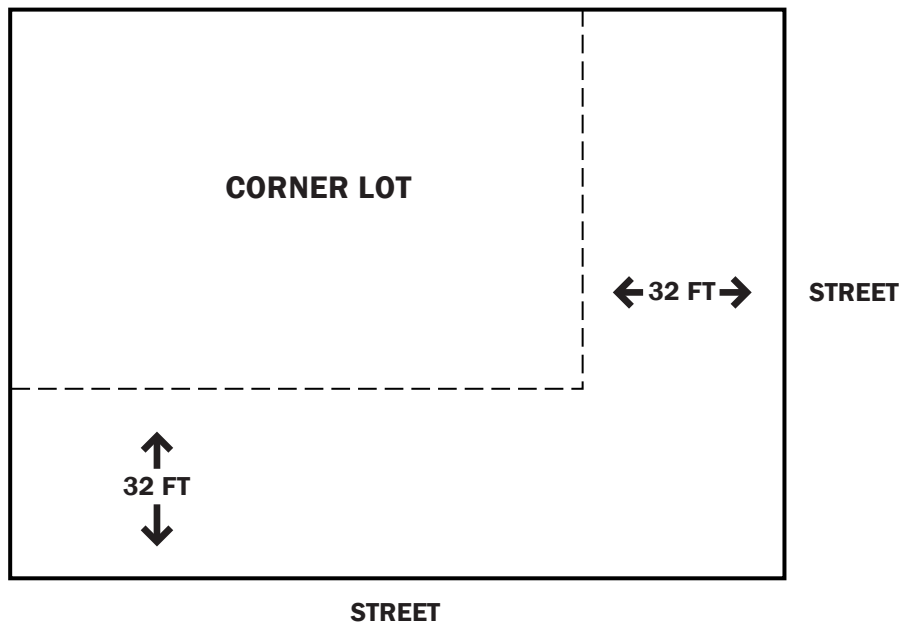
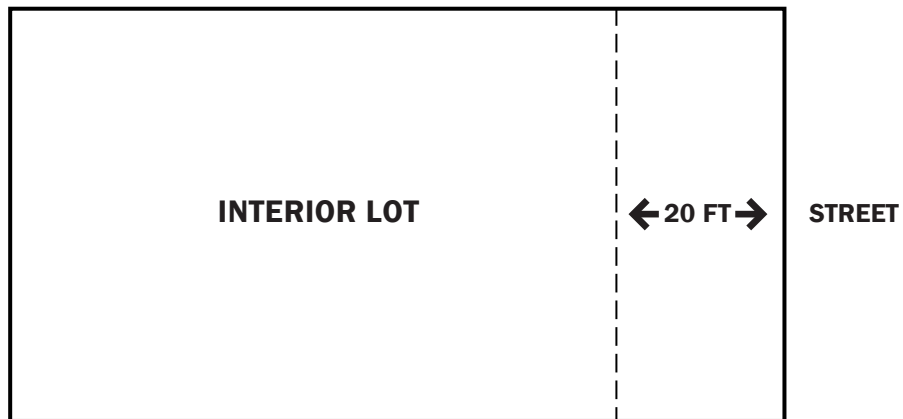
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RESIDENTIAL

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.
