City of
OAKLAND PARK
FLORIDA

PORTABLE STORAGE UNIT PERMIT

APPLICANT NAME: _____

BUSINESS NAME (IF APPLICABLE): _____

PORTABLE STORAGE UNIT ADDRESS: _____

HOME PHONE #: _____ **BUSINESS PHONE #:** _____

PROPERTY USE (PLEASE CIRCLE): RESIDENTIAL COMMERCIAL

- **Storage units will be limited in size to 8' wide by 16' long by 8' high.**
- **No storage unit shall remain on a residential property in excess of thirty (30) consecutive days and no more than thirty (30) days in a calendar year.**
- **No storage unit shall remain on a commercial property in excess of thirty (30) consecutive days and no more than thirty (30) days in a calendar year.**
- **All units shall be removed promptly upon the issuance of a hurricane warning by a recognized government agency, regardless of time limitations.**

_____ _____

SIGNATURE OF APPLICANT **DATE**

DO NOT WRITE BELOW THIS LINE

PERMIT #: _____ **RECEIPT #:** _____

BEGINNING DATE: _____ **ENDING DATE:** _____

PERMIT FEE: $52.00 + 5.20 (10%TRAINING & CERTIFICATION FEE)= $57.20

_____ _____

PORTABLE STORAGE UNIT PERMIT APPROVAL **DATE**

Approved permit must be clearly posted on-site through expiration date.