TEMPORARY TRAILER PERMIT

Trailer to be used for:

☐ CONSTRUCTION
☐ SALES
☐ CLASSROOM
☐ OTHER (Specify) ___________________________________________

PERMIT FEE $ 50.00
(All Classifications)

APPLICANT NAME (please print) PROJECT NAME / SITE LOCATION

MAILING ADDRESS CITY ST ZIP

(____) ____________ (____) ____________ (____) ____________
PHONE CELL PHONE FAX

LOCATION OF TRAILER(S) NO. OF TRAILERS

A TEMPORARY TRAILER PERMIT IS VALID FOR A MAXIMUM OF TWELVE MONTHS FROM DATE OF ISSUANCE.

APPLICANT’S SIGNATURE DATE

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

TAX PARCEL # ZONING DISTRICT

APPROVED BY DATE

CONDITIONS

Departmental Use Only