



CITY OF TAMARAC
 COMMUNITY DEVELOPMENT DEPARTMENT
 PH: 954-597-3425 – 954-597-3490 FAX

PORTABLE STORAGE UNIT PERMIT APPLICATION

OWNER'S NAME:

OWNER'S ADDRESS:

CITY/ZIP		PH.	
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PORTABLE UNIT INFORMATION

COMPANY NAME (if applicable)		PH.	
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LOCATION ON PROPERTY

SIGNATURE / DATE	
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COMMENTS:	
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Permit only valid for a period of seven (7) days at a time.
 Maximum of twenty-one (21) days in any twelve (12) month period.

DEPARTMENT USE ONLY

PAYMENT RECEIVED FROM	
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AMOUNT PAID	\$	METHOD OF PAYMENT	
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PERMIT NUMBER	#	DATE ISSUED	
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UNIT SIZE (SQ. FEET)		APPROVED	NOT APPROVED	
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NO. PREVIOUS PERMITS ISSUED		APPROVED	NOT APPROVED	
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REVIEWER SIGNATURE /DATE	
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CASE NUMBER	
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COMMENTS	
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PLEASE NOTE: UNIT CANNOT BE LARGER THAN 130 SQUARE FEET.