

Town of Grand Rapids 2410 48 th St. South WI Rapids, WI 54494 (715)- 424-1821		Storage Container Permit Application Per ordinance # 54	Permit # _____ Parcel # _____
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District Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Commercial CUP	<input type="checkbox"/> Recreational
Location Address:			Subdivision:	Lot #:
Owners Name:				
Owners Address:			Home Phone #:	
			Cell Phone #:	

Container Description

Current Zoning at Location:			
Use:			
Size of Container:(20' x 8' x 8' max.) (1280 cu. ft. max)			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ Length _____</td> <td style="width: 50%; border: none;">_____ Width</td> </tr> </table>		_____ Length _____	_____ Width
_____ Length _____		_____ Width	
<table style="width: 100%; border: none;"> <tr> <td style="width: 75%; border: none;">_____ Height</td> <td style="width: 25%; border: none;">_____ Cu. Ft.</td> </tr> </table>		_____ Height	_____ Cu. Ft.
_____ Height	_____ Cu. Ft.		
Expected days on site:			

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the building inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

Applicants Signature: _____ **Date:** _____

Approval Conditions: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Permit Fee: \$40 **Date Pd.** _____ **Receipt #:** _____

Permit Issued By:

Name:
Date Issued: _____ Tel. # _____
Certification No: