



**Dumpster/Roll-Off Box/Pod/Storage Container/Port-o-Potty PERMIT
Exceeding 2 1/2 cubic yards in size**

Applicant Name _____

Address _____, Bayside, WI 53217

Applicant phone number(s) _____

Applicant email _____

Storage Description:

Item(s) being stored _____

Size _____

Materials

Dates of storage _____ through _____

Location _____

Reason for storage _____

_____ Date _____
Signature of applicant

OFFICE USE ONLY:

Sec 32-48(8)

1st unenclosed storage permit (\$50/60 days) 2nd unenclosed storage permit (\$60/60 days)

1st Port-o-Potty permit (\$50/60 days) 2nd Port-o-potty permit (\$50/60 days)

*One unit per address and not to exceed two permits issued in any 12 months

_____ Date _____
Village Manager / or designee

Approved _____ Denied _____