



APPLICATION FOR MOBILE STORAGE UNIT (POD) PERMIT - Residential Zone Only

Name of Applicant: _____ Date: _____

Phone: _____ Email: _____

Address where POD will be placed: _____

Driveway: Street*: _____

Indicate reason for placement on street

***Only permissible in legal parking area**

Dates on Location- 30 days: From: _____ To: _____

Monday – Saturday (Sunday's & Holidays EXCLUDED)

Extension Granted From: _____ To: _____ Approved by: _____

(30 Day - 1 extension allowed)

SUPPLIER OF UNIT:

Name: _____ Phone: _____

Address: _____

Maintenance of container must meet requirements of Chapter 56 of the Borough Code.

Applicant Signature **Date**

FEE: \$25.00 (checks payable to the **BOROUGH OF RUTHERFORD**)

PARKING METERS: \$5.00 per day - per meter **Fee for meters: \$** _____

Date/s: _____ **Meter Number/s:** _____

TOTAL FEES PAID: \$ _____ Check No.: _____ Cash: _____

Issued By: _____ **Date:** _____

cc: Construction Official
Department of Public Works
Health Department
Police Department