

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

Name of Applicant:	Date:	
Phone:	Email:	
Address where POD will be pla	aced:	
Driveway: Street*:		
*Only permis	Indicate reason for placement on street ssible in legal parking area	
Dates on Location- 30 days Monday – Saturday (Sunday's & Holidays	s: From: To:	
Extension Granted From: _ (30 Day - 1 extension allowed) SUPPLIER OF UNIT:	<b>To:</b> Approved by:	
Name:	Phone:	
Address:		
Maintenance of container must meet requ	uirements of Chapter 56 of the Borough Code.	
Applicant Signature		
FEE: \$25.00 (checks payable	e to the <b>Borough of Rutherford</b> )	
PARKING METERS: \$25.00	per day - per meter Fee for meters: \$	
Date/s:	Meter Number/s:	
TOTAL FEES PAID: \$	Check No.: Cash:	
Issued Bv:	Date:	

cc:

Construction Official Department of Public Works Health Department Police Department