City of Pompano Beach **Portable Storage Unit Application**

Note to Applicant: *This form MUST have all applicable information to avoid delays.*

Date of Application ____/____/____

Owner's Name _____ Phone ( ) ____-_____

Applicant's Name _____ Phone ( ) ____-_____

Applicant's Address _____ City_____ St. _____ Zip_____

Proposed location
of portable storage unit _____

Size of Portable Storage Unit* Width_____ Length _____ Height _____

Number of Days
Potable Storage Unit Needed* _____ From _____, 20____ TO _____, 20____
Date Date

Sketch of proposed location*

North

_____ Date_____ _____ Date _____
Owner's Signature Applicant's Signature

**********Office use only**********

Approved by: _____ Date _____

Comments: _____

_____

Fee: Amount $_____ Date Paid: _____

*See copy of ordinance attached to application for specific requirements and restrictions.