

**ZONING OFFICE
TEMPORARY STORAGE UNIT PERMIT APPLICATION
EXTENSION REQUEST: FEE \$25**

DATE: _____

NAME OF HOMEOWNER: _____

ADDRESS: _____, Ho-Ho-Kus

NAME OF APPLICANT: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

***PLEASE PROVIDE A COPY OF YOUR ORIGINAL PERMIT
*IF NOT ALREADY SUBMITTED, PLEASE PROVIDE A COPY OF THE DELIVERY
TICKET**

FIRST EXTENSION REQUEST () SECOND EXTENSION REQUEST ()*

**If second extension request, please provide a copy of the first extension
approval.**

**I do hereby certify that the foregoing information is correct. I am aware that if
any of the foregoing statements are willfully false, I will be subject to penalty.**

Name: _____ **Date:** _____

Signature: _____