

**ZONING OFFICE  
TEMPORARY STORAGE UNIT PERMIT APPLICATION  
INITIAL PLACEMENT: FEE \$50**

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DATE: \_\_\_\_\_

NAME OF HOMEOWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_, Ho-Ho-Kus

NAME OF APPLICANT: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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**DATE OF DELIVERY:** \_\_\_\_\_

**Please initial below to indicate compliance:**

\_\_\_ **COPY OF DELIVERY TICKET TO BE SUBMITTED TO THE ZONING OFFICE  
WITHIN 24 HRS. OF DELIVERY TO CONFIRM PLACEMENT DATE**

\_\_\_ **THE TEMPORARY STORAGE UNIT WILL NOT REMAIN ON THE ABOVE  
REFERENCED PROPERTY MORE THAN 30 DAYS FROM DATE OF PLACEMENT**

\_\_\_ **ONLY 1 (ONE) TEMPORARY STORAGE UNIT WILL BE PLACED ON THE  
PROPERTY**

\_\_\_ **THE TEMPORARY STORAGE UNIT DOES NOT EXCEED 160 SF IN  
FOOTPRINT**

\_\_\_ **THE STORAGE UNIT WILL BE PLACED IN THE DRIVEWAY, IF NOT, THE  
LOCATION MUST BE INDICATED BELOW AND APPROVED BEFORE PLACEMENT**

**ALTERNATIVE LOCATION:** \_\_\_\_\_

**APPROVED** \_\_\_\_\_

**DENIED** \_\_\_\_\_

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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: \_\_\_\_\_