

Town of Saratoga
1120 Hwy 73 S
WI Rapids, WI 54494
(715)325-5204

PER ORDINANCE # 9-7-16A



PERMIT# _____

PARCEL# _____

PORTABLE STORAGE CONTAINER PERMIT APPLICATION

Address of Container Placement: _____

Owners Name: _____

Owners Address: _____

Owner's Home phone #: _____ Cell Phone #: _____

Size of Container: _____

(20' X 8' X 8' max, 1280 cu.ft. max)

_____ length, _____ width, _____ Height, _____ cu. Ft.

Expected time frame: _____

Use: _____

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the building inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for the purpose to inspect the work which is being done.

APPLICANTS SIGNATURE: _____ DATE: _____

APPROVAL CONDITIONS: This permit issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Permit Fee: N/A

Permit Issued By: _____ Date: _____