

BOROUGH OF FRANKLIN LAKES

APPLICATION FOR TEMPORARY STORAGE CONTAINER

Date: _____

Permit # _____

FEE: \$150 VALID FOR NINETY (90) DAYS

EXTENSION FOR NINETY (90) DAYS \$100

Name: _____

Site Address: _____

Responsible Person: _____

Phone: _____

Attach copy of survey showing with the placement of the temporary storage container

ONE TEMPORARY CONTAINER IS PERMITTED ONLY IN A RESIDENTIAL ZONE

Shall not encroach into front yard, side yard, or rear yard set backs, only permitted within the driveway area or rear of dwelling. Shall be visible from the public right of way. Shall not exceed 20 feet in length and 1,800 ct. cubic feet.

Zoning Officer _____

Date: _____

Fee Paid \$ _____

Date Fee Paid _____

Check # _____