

**INCORPORATED VILLAGE OF FREEPORT  
MUNICIPAL BUILDING**

46 NORTH OCEAN AVENUE  
FREEPORT, NEW YORK 11520  
(516) 377-2300 - (516) 771-4127 Fax



**FEE PAID:** \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\$100.00 (for 30 day period –up to 90 days max)  
 RENEWAL FEE: \$50.00 (for additional 30 days)

**APPLICATION FOR TEMPORARY STORAGE CONTAINER PERMIT**

<b>PROPERTY ADDRESS:</b> _____ <b>SECTION:</b> _____ <b>Block:</b> _____ <b>LOT:</b> _____
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PERMIT is hereby granted for the placement of a TEMPORARY STORAGE CONTAINER at the above premises, in accordance with the terms and conditions of Chapter 155 of the Code of the Incorporated Village of Freeport.

<u>APPLICANT</u>	<u>PROPERTY OWNER</u>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Telephone #:</b> _____	<b>Telephone #:</b> _____

**Exact location of container:** \_\_\_\_\_  
 (Specify exact location where the container is to be placed) \_\_\_\_\_  
 \_\_\_\_\_

Attach property survey.  
**SIZE OF CONTAINER:** \_\_\_\_\_ L \_\_\_\_\_ W \_\_\_\_\_ H  
 (120 sq. ft. max.)

**MATERIALS TO BE STORED IN CONTAINER:** \_\_\_\_\_  
 (Specify type and nature of contents)

**DURATION OF CONTAINER PLACEMENT:** \_\_\_\_\_  
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**CONTAINER PROVIDER: Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant (must be notarized)

\_\_\_\_\_  
 Notary Public

<b>PERMIT #</b> _____	<b>Permit Valid: FROM:</b> _____ <b>to</b> _____
<b>Superintendent of Buildings:</b> _____	<b>Date:</b> _____
<b>Village Clerk:</b> _____	<b>Date:</b> _____