

**Application Fee:**

Initial = \$50.00

Extension = \$100.00

Permit Type:☐ Initial☐ Extension

Building Department
295 Closter Dock Road
Closter, New Jersey 07624

Phone: (201) 784-0600 ext. 441 ♦ Fax: (201) 784-4711 ♦ Email: construction@closternj.us

Storage Container Permit

PROPERTY ADDRESS: _____ **BLOCK/LOT:** _____ / _____

APPLICANT: NAME _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ FAX _____ EMAIL _____

LAND OWNER: NAME _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ FAX _____ EMAIL _____

- ▶ **IS THE NEED FOR STORAGE CONTAINER(S) RELATED TO A CONSTRUCTION PROJECT?:** ☐ YES ☐ NO
- ▶ **IF YES, WHAT IS THE SCOPE OF WORK TO BE PERFORMED?:** _____
- ▶ **DOES SAID PROJECT REQUIRE A CONSTRUCTION PERMIT TO BE ISSUED BY THE BUILDING DEPARTMENT?:** ☐ YES ☐ NO
- ▶ **HOW MANY STORAGE CONTAINERS WILL BE ON-SITE?:** _____
- ▶ **WHAT IS THE TOTAL CUBIC FOOTAGE OF ALL STORAGE CONTAINER(S)?:** _____
- ▶ **WHAT WILL BE THE CONTENTS OF THE STORAGE CONTAINER(S):** _____
- ▶ **HOW MANY DAYS WILL THE STORAGE CONTAINER(S) BE ON-SITE?:** _____

* STORAGE CONTAINERS ARE PERMITTED TO REMAIN ON THE SUBJECT PROPERTY FOR AN INITIAL PERIOD OF (30) DAYS; IF THEY RELATE TO A CONSTRUCTION PERMIT FOR WORK BEING PERFORMED ON-SITE, THE INITIAL PERIOD SHALL BE (90) DAYS; UNDER EXTENUATING CIRCUMSTANCES, ADDITIONAL TIME MAY BE GRANTED BY THE BUILDING DEPARTMENT.

** THE AGGREGATE OF STORAGE CONTAINERS CANNOT EXCEED (1,500) CUBIC FEET. THEY CAN BE SITUATED IN FRONT, SIDE AND REAR YARDS BUT MUST BE SETBACK A MINIMUM OF (5) FEET FROM PROPERTY LINES AND (10) FEET FROM THOROUGHFARES.

SIGNATURE OF APPLICANT

DATE

OFFICIAL USE ONLY

PERMIT #: _____ FEE PAID: _____ PAYMENT METHOD: ☐ CASH ☐ CHECK # _____

☐ **APPROVED**

☐ **DENIED**

SIGNATURE OF ENFORCING AGENT

DATE