

City of Gothenburg

409 9th Street • Gothenburg, NE 69138
Phone: (308) 537-3677 • Fax: (308)537-3609

TEMPORARY STORAGE CONTAINER SPECIAL PERMIT

Ordinance No. 1004, Chapter 152, Section 152.041 requires permit for any Temporary Pod/Temporary Storage container within a R1, R2, R3, or R4 Residential Zoning Districts

Date of Application: _____ No. _____

Owner of Property: _____

Tenant (if applicable): _____

Property Address: _____

Home Phone: _____ Cell Phone: _____

Type of Temporary Pod/Storage Container: _____

Number of Storage Container(s): _____

Size of Temporary Storage Container (Length x Width x Height): _____

Location of Storage Container: _____

Purpose for Storage Container: _____

Estimated Date of Storage Container Arrival: _____

Estimated Date of Storage Container Removal: _____

Storage Container Owner (if different from above): _____

Address: _____ Phone: _____

On the back of this application, please make a sketch, as accurately as possible, of your property and the proposed location for the above-requested storage container. Include streets (notate names), alleys, sidewalks, buildings, etc., with as much detail as possible.

Any additional storage container(s), other than the above-listed storage container, shall require another Temporary Storage Container Special Permit. **This application is for the singular, above-listed storage container only and any other storage container shall be requested for approval in a separate application,** should it be allowed under the City of Gothenburg Ordinance.

I certify that the above information and the sketch on the back is, to the best of my knowledge, true and accurate. I certify that, if approved, storage container will comply with city ordinance and location and dates listed on this application. A fee shall be charged for said permit according to the city's fee schedule. This permit shall be for a period not to exceed 30 days. **You must be notified of approval before arrival of storage container and contact City if an extension is needed.**

Owner Signature

Date

City of Gothenburg

409 9th Street • Gothenburg, NE 69138
Phone: (308) 537-3677 • Fax: (308)537-3609

FOR OFFICE USE ONLY:

Zoning District: _____

Building Inspector Approval: Yes No

Reason for Disapproval: _____

Building Inspector Signature

Date

Applicant informed of approval/disapproval of application _____

N

W

E

S