



BOROUGH OF CONSHOHOCKEN
 400 Fayette Street, Suite 200 Conshohocken, PA 19428
 Phone (610) 828-1092 Fax (610) 828-0920

Portable Storage Unit Application

For Office Use Only	
Date Application Received: _____	
Receipt # _____	
Permit Fee \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Date Permit Issued: _____ Issued By _____	
Parcel # 0-500- _____	
Permit # _____	

Property Address: _____

**** Fee is \$50 for 10 Day Permit. Extensions are \$25 per day. Permit maximum is a total of 15 Days.****

- Right of way (sidewalk area) -**10 Day Permit**
- On Public Street -**10 Day Permit**
- Private Property (front yard, rear yard etc.) -**30 Day Permit**

Applying for building permits? Yes Clean out only?

Dumpster's Company:	Property Owner's Name or Contractor's Name:
Mailing Address	Mailing Address
City, State & Zip	City, State & Zip
Daytime #	Daytime #
Emergency #	Cell #

The information provided in this Application is true and correct to the best of my knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities. The undersigned is the owner of said structure or has been authorized by the owner(s) to act as agent in procuring the building permit herein requested. The undersigned also takes full responsibility for all work performed and will comply with all provisions of the Zoning Ordinance, the Building Code and with all other applicable ordinances of Conshohocken.

Portable Storage Unit cannot block access to, or be placed in, the alley right of way at any location.

 Signature of Owner or Contractor

 Date