

City of North Charleston, SC

APPLICATION FOR PORTABLE TEMPORARY STORAGE UNIT

APPLICANT		
FILE NUMBER		
DATE OF APPLICATION		
LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		
CITY	STATE	ZIP CODE
(AREA CODE) PHONE NUMBER		

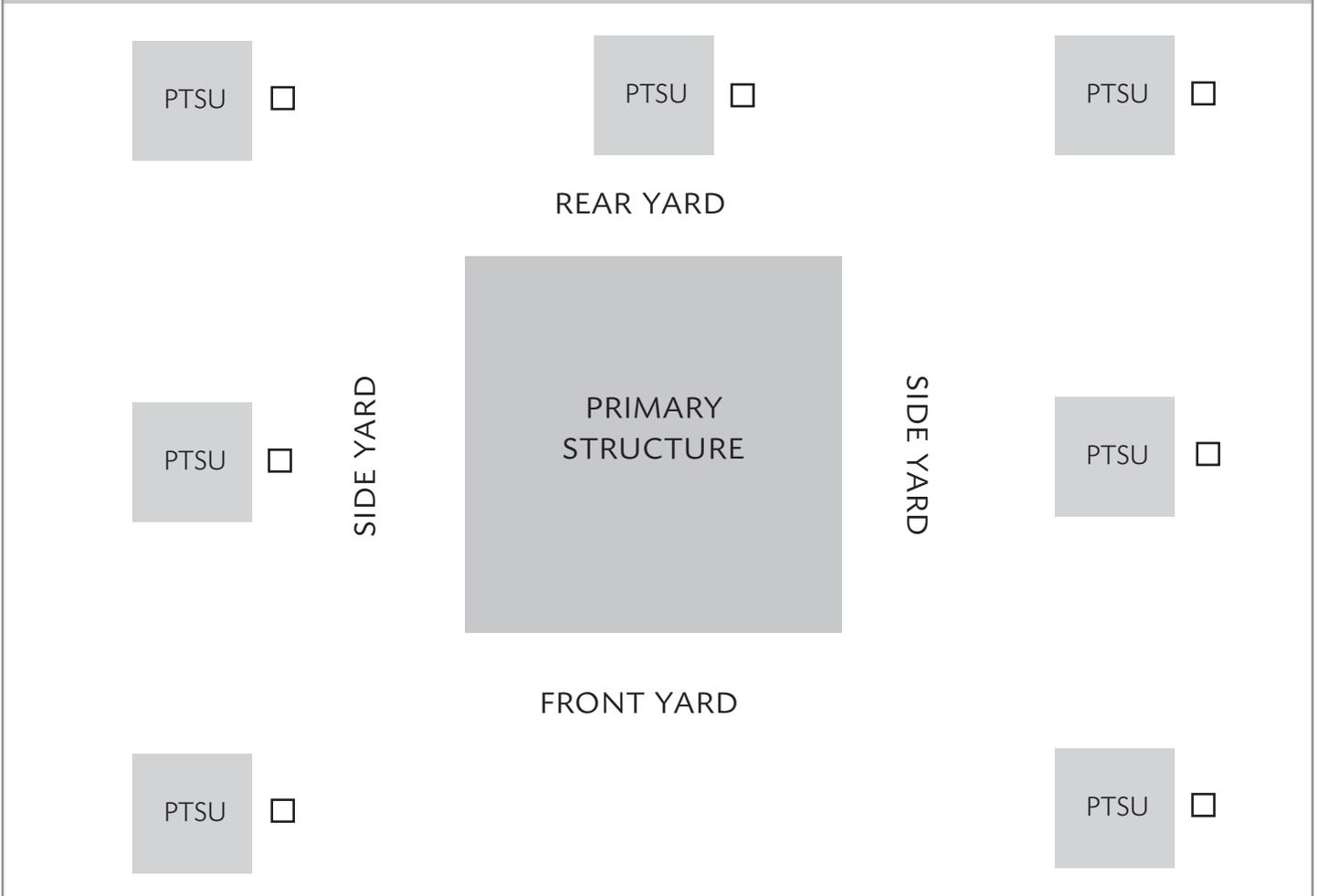
ZONING DEPARTMENT	
TMS#	ZONING
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
COMMENTS:	
ZONING ADMINISTRATOR'S SIGNATURE:	

PTSU INFO
REASON FOR PTSU
INSTALLATION DATE
REMOVAL DATE <i>30 days max for residential, 60 days max for non-residential</i>

BUILDING DEPARTMENT	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
COMMENTS:	
BUILDING OFFICIAL'S SIGNATURE:	

AGREEMENT I, _____, hereby agree to remove the PTSU on the above referenced date.

PLACEMENT *Please place a mark on the location that best represents where your unit will be.*



I _____ of _____

Do solemnly swear that my application for permit is not contrary to nor prohibited by any recorded covenant as required by SC ST SEC 6-29~1145.

Owner's/Contractor's Signature _____

Owner's/Contractor's Address _____

Witness Signature _____ Date _____

PRINT FORM
SUBMIT BY EMAIL

Please remember to print a copy of this form for your records.