



THE BOROUGH OF DEMAREST ZONING DEPARTMENT
**TEMPORARY STORAGE CONTAINER
 ZONING PERMIT APPLICATION**

PERMIT # Z-POD - _____ - _____

RECEIVED:

A zoning permit shall be required for any temporary storage container for a period of up to 90 days. Requests for any extension of the permit shall be made in writing and granted at the discretion of the Zoning Officer.

For rules regarding Temporary Storage Containers please see [§ 175-71 Temporary storage containers.](#)

ZONING REVIEW FEE: \$75

Check#: _____

Location Address: _____

Block: _____ Lot: _____ Zone: _____

Applicant Information

Name: _____ Phone (____) _____

Address: _____

Email: _____

Storage Container Company

Name: _____ Phone (____) _____

Address: _____

I, being of full age, hereby swear that all the information I have provided in the above application and the attached survey and / or plans are true and correct to the best of my knowledge.

Date

Signature

ZONING OFFICER USE ONLY BELOW

APPROVED _____

DATE _____

PERMIT DURATION _____
(If applicable) Start Date

- _____
Expiration Date

DENIED _____

DATE _____

**Denial letter will be attached*