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 $ 50.00 ❑ Cash ❑ Check #_____
Date Permit Issued: _____ Issued By_____
Parcel # 0-500- _____

Permit # _____

Property Address: _____

☐ 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 City, State & Zip	Mailing Address 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