



**CITY OF TAMARAC**  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 CODE ENFORCEMENT DIVISION  
 PH: 954-597-3425 – FAX 954-597-3540

## PORTABLE STORAGE UNIT PERMIT APPLICATION

OWNER'S NAME:

OWNER'S ADDRESS:

CITY/ZIP

PH.

### PORTABLE UNIT INFORMATION

COMPANY NAME (if applicable)

PH.

LOCATION ON PROPERTY

SIGNATURE / DATE

COMMENTS:

Permit only valid for a period of seven (7) days at a time; **\$50.00** per (7) day period.  
 Maximum of twenty-one (21) days in any twelve (12) month period.

### DEPARTMENT USE ONLY

PAYMENT RECEIVED FROM

AMOUNT PAID

\$

METHOD OF PAYMENT

PERMIT NUMBER

#

DATE ISSUED

UNIT SIZE (SQ. FEET)

APPROVED

NOT APPROVED

NO. PREVIOUS PERMITS ISSUED

APPROVED

NOT APPROVED

REVIEWER SIGNATURE /DATE

CASE NUMBER

COMMENTS

**PLEASE NOTE: UNIT CANNOT BE LARGER THAN 130 SQUARE FEET.**