



DEPARTMENT OF COMMUNITY DEVELOPMENT

200 North Second Street
Saint Charles, MO 63301
636-949-3227
FAX 636-949-3557

PORTABLE ON DEMAND STORAGE CONTAINER PERMIT

PERMIT TYPE: NEW _____ RENEWAL _____

TODAY'S DATE: _____

LOCATION OF CONTAINER (ADDRESS): _____

APPLICANT:

(Name)

(Address / Phone)

A PERMIT IS REQUESTED FOR _____ DAYS, BEGINNING _____ AND ENDING
ON _____.

SITE LOCATION OF CONTAINER: _____

I hereby certify that I understand the portable on demand storage guidelines and all applicable
City Codes.

SIGNATURE OF APPLICANT _____ DATE _____

-OFFICE USE ONLY-

APPROVED BY _____ DATE _____