



Office Trailer Permit Application

Site Address: _____

Describe the Office Trailer Request: (Provide a site plan with the following: number, location, intended use, etc.)

Expected Duration of Use: _____

Applicant's Name: _____

Applicant's Mailing Address: _____ City: _____ Zip: _____

Home Phone No. (_____) _____ Cell Phone No. (_____) _____

Applicant's Email Address: _____

Applicant's Business/Organization: _____

Are you the owner of the subject property? Yes No

Property Owner's Name: _____

Property Owner Mailing Address: _____ Phone No. (_____) _____

Will the proposed office trailer be located more that 150 feet from the planned street width line? Yes No

Will the proposed office trailer be visible from any public street? Yes No

Please attach a plot plan indicating the location and siting of the proposed office trailer facilities.

AUTHORIZATION BY PROPERTY OWNER:

I hereby authorize _____ to apply for an Office Trailer Permit on property I own located at _____.

Property Owner's Signature: _____ Date: _____

Note: An Office Trailer Permit may be administratively approved by the Director of Planning or designee if such facilities are located so as to be totally concealed from view from a public street or more than one hundred fifty (150) feet from the planned street width line along any public street. Approval of an Office Trailer Permit may be conditioned upon any requirement deemed necessary to ensure that such facilities will not be detrimental to persons or property and will adversely affect the City in general.

FOR DEPARTMENT USE ONLY

CASE NO.: _____ DATE FILLED: _____

FILING FEE: _____ RECEIPT NO.: _____

APPLICATION COMPLETE? _____ RENEWAL DATE: _____