



TOWNSHIP OF MEDFORD  
CLERK'S OFFICE  
49 Union Street, Medford, NJ 08055-2432

**TEMPORARY/PORTABLE STORAGE  
CONTAINER PERMIT APPLICATION**  
*(PER ORDINANCE #2019-12)*

1) **PERMIT REQUESTED FOR:** BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

2) **APPLICANT:**

**NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ @ \_\_\_\_\_

3) **PROPERTY OWNER:** SAME AS APPLICANT:

**NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**4) STORAGE UNIT INFORMATION:**

COMPANY NAME: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

TYPE: \_\_\_\_\_

DIMENSIONS: \_\_\_\_\_ FT WIDE X \_\_\_\_\_ FT LONG X \_\_\_\_\_ FT HIGH

DATE OF PLACEMENT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE OF REMOVAL: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STORAGE REQUIRED FOR: \_\_\_\_\_

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***THIS APPLICATION SHALL INCLUDE A COPY OF A PLOT PLAN CLEARLY DETAILED SHOWING THE PROPOSED LOCATION OF THE TEMPORARY STORAGE UNIT ON THE SUBJECT PROPERTY.***

**I ATTEST THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO FACT AND THAT I AM FAMILIAR WITH THE MEDFORD TOWNSHIP ORDINANCE 2019-12 REGARDING “TEMPORARY/PORTABLE STORAGE CONTAINER” AND WILL COMPLY WITH ALL ASPECTS OF THE ORDINANCE MAY LEAD TO REVOCATION OF THE PERMIT AND/OR MONETARY PENALTIES BEING LEVIED.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

<b>CLERK’S OFFICE USE ONLY</b>		
POLICE APPROVAL: NAME: _____		DATE: _____
APPLICATION # _____		
COPIED TO:		
<input type="checkbox"/> ZONING DEPT.	<input type="checkbox"/> POLICE DEPT.	<input type="checkbox"/> CONSTRUCTION DEPT.