



**BOROUGH OF CONSHOHOCKEN**  
 400 Fayette Street, Suite 200 Conshohocken, PA 19428  
 Phone (610) 828-1092 Fax (610) 828-0920

## Portable Storage Unit Application

<b>For Office Use Only</b>	
Date Application Received:	_____
Receipt #	_____
<b>Permit Fee \$ 50.00</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Date Permit Issued:	_____ Issued By _____
Parcel # 0-500-	_____
<b>Permit #</b>	_____

**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	Mailing Address
City, State & Zip	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