

POD PERMIT (Portable Storage Unit)

Borough of Cresskill

Date Issued: _____

Permit #: _____

Block: _____ Lot: _____

STORAGE UNIT LOCATION: _____ CRESSKILL, New Jersey 07626

OWNER in Fee: _____

Address: _____ Telephone # () _____

PROVIDER: _____

Address: _____ Telephone # () _____

License #: _____ FED ID #: _____

PURPOSE: _____

Length of Time: 30 Day / 90 Day Location: _____

Survey Submitted: Yes / No Cost of Work: \$ _____

Application Submitted by:

FEE \$ 50 / \$ 150

CHECK # _____

Owner/Contractor Signature

RECEIVED BY: _____

Approved by:

BATCH # _____

DATE: _____

Construction Official