



CITY OF BALLWIN CODE ENFORCEMENT  
14811 MANCHESTER ROAD  
BALLWIN, MO 63011

636-227-2129  
FAX: 636-207-2360

# STORAGE CONTAINER APPLICATION / PERMIT

All applications must be accompanied by drawings of the proposed location(s) for all storage containers. Lack of information on this form may cause delays in the issuance of the permit.

*Required information includes all property lines, area lighting, other structures, emergency vehicle pathways, anchorage method, and container door orientation.*

PERMIT #: C \_\_\_\_\_  
DATE: \_\_\_\_\_  
PERMIT FEE: \_\_\_\_\_

## CONTAINER LOCATION INFORMATION

ADDRESS: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
PLAZA NAME: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
CONTACT PHONE: \_\_\_\_\_

SQUARE FOOTAGE OF BUSINESS: \_\_\_\_\_  
NUMBER OF CONTAINERS REQUESTED: \_\_\_\_\_

**CONTAINER DIMENSIONS:**  
\_\_\_\_\_ FT LONG (max 45 ft.)  
\_\_\_\_\_ FT WIDE (max 10 ft.)  
\_\_\_\_\_ FT HIGH (max 12 ft.)

NATURE AND CONDITION OF MATERIALS TO BE STORED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRE DISTRICT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby certify that the information contained in this application and accompanying drawings is correct, and that I will abide by all applicable laws of the City.

Signature: \_\_\_\_\_  
*Owner/Agent/Contractor*  
Date: \_\_\_\_\_

**CITY OF BALLWIN**  
▶ REVIEWED ◀  
\_\_\_\_\_  
PLANS EXAMINER  
\_\_\_\_\_  
DATE