

CITY OF BALLWIN CODE ENFORCEMENT 1 GOVERNMENT CTR

DATE

Ballwin, MO 63011

636-227-2129

STORAGE CONTAINER APPLICATION / PERMIT

All applications must be accompanied by drawings of the proposed location(s) for all storage containers. Lack of information PERMIT #: C on this form may cause delays in the issuance of the permit. DATE: _____ Required information includes all property lines, area light-PERMIT FEE: ing, other structures, emergency vehicle pathways, anchorage method, and container door orientation. CONTAINER LOCATION INFORMATION ADDRESS: ______ BUSINESS NAME: PLAZA NAME: CONTACT NAME: CONTACT PHONE: **CONTAINER DIMENSIONS:** SQUARE FOOTAGE OF BUSINESS: _____ FT LONG (*max 45 ft.*) NUMBER OF CONTAINERS REQUESTED: _____ 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. CITY OF BALLWIN Signature: Owner/Agent/Contractor ▶ REVIEWED ◀ Date: PLANS EXAMINER