



TOWNSHIP OF MEDFORD
CLERK'S OFFICE
17 North Main Street, Medford, NJ 08055
609-654-2608 x334

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

1) **PERMIT REQUESTED FOR:** **BLOCK:**_____ **LOT:**_____

STREET ADDRESS LOCATION:_____

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: _____ / _____ / _____

PROPOSED DATE OF REMOVAL: _____ / _____ / _____ (*30 days maximum allowed)

STORAGE REQUIRED FOR: _____

EXPLANATION WHY CONTAINER CANNOT BE PLACED IN DRIVEWAY OR YARD AREA: _____

THIS APPLICATION SHALL INCLUDE A COPY OF A SURVEY OR SITE PLAN CLEARLY 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 CONTAINERS AND ROLL OFF DUMPSTERS” AND WILL COMPLY WITH ALL ASPECTS OF THE ORDINANCE. I ALSO UNDERSTAND THAT FAILURE TO COMPLY WITH SAID ORDINANCE MAY LEAD TO REVOCATION OF THE PERMIT AND/OR MONETARY PENALTIES BEING LEVIED AS PER THIS ORDINANCE.

APPLICANT SIGNATURE

DATE

CLERK’S OFFICE USE ONLY

APPLICATION NUMBER: _____

POLICE APPROVAL: NAME: _____ DATE: _____

SIGNATURE: _____

EXPIRES ON: _____ / _____ / _____

COPIED TO:

ZONING OFFICE

POLICE DEPT.

CONSTRUCTION DEPT.