



DEPARTMENT OF DEVELOPMENT SERVICES
CITY PLANNING DIVISION

For Internal Use Only

Date _____

Permit _____

Tel. (239) 574-0776
Fax (239) 574-0591
P.O. Box 150027
Cape Coral, FL 33915-0027

GENERAL INFORMATION

Application Date _____

Permit Number
(for office use only) _____

Applicant Name (print or type): _____

Property Owner's Name: _____ Phone: _____

Property Owner's Address: _____

Site Address: _____

Block: _____ Lot: _____

Zone: _____ Strap #: _____

Remodeling: ☐ Yes ☐ No If Remodeling, Building Permit #: _____

Dimensions (max size 10'x10'x16') _____ Date Installed _____ Date Removed _____

Applicant's Name (please type or print) _____ Applicant's Signature _____

NOTE: TEMPORARY STORAGE CONTAINER MAY BE UP FOR SEVEN (7) CONSECUTIVE DAYS, TWO (2) TIMES PER YEAR.

FOR OFFICE USE ONLY

Issued by: _____

Date: _____

FEE: \$40.00