

MOBILE STORAGE CONTAINER APPLICATION

MAKE CHECKS PAYABLE TO:

Town of St. Croix Falls
1305 200th Street
St. Croix Falls, WI 54024
715-483-1851 M, T, Th, F 8:00am - 1:00pm

NO. _____

Property Address (Number & Street or Avenue)

Property

Owner _____

Mailing

Address _____

City _____ State _____ Zip _____

Email

(optional): _____

Phone Number: _____

LEGAL DESCRIPTION OF PROPERTY - SEE TAX BILL

Parcel # / Computer # - See tax bill

044- _____

Section _____

Zoning District: Commercial Agricultural Transitional Industrial

Mobile Storage Container Type: _____

Number of Units: _____ **\$50.00** per container

If more than one unit per parcel is being requested, the application will be presented to the Town Board at their next scheduled town board meeting for consideration and possible approval. The applicant and/or representative will need to be present at the meeting.

I, being owner/owner's agent of all the area described, hereby petition the Town Board of the Town of St. Croix Falls, Wisconsin, for a Mobile Storage Container Permit as authorized by the Town of St. Croix Falls Zoning Ordinance for the above described property.

I declare that this application has been examined by me and to the best of my knowledge and belief it is true, correct, and complete. I agree to permit Town and County officials charged with administering Town and County ordinances or other authorized person to have access to the above-described premises at any reasonable time for the purpose of inspection.

Signature of Applicant: _____ Date: _____

Received By: _____

Date Filed: _____ Fee Paid: _____

Date Approved: _____

Comments: _____