

**APPLICATION PERMIT FOR
NON-PERMANENT PLACEMENT OF
PORTABLE STORAGE UNITS, PODS OR SIMILAR DEVICE**

CITY OF CLARKSON VALLEY
15933 Clayton Road, Ste. 105
Clarkson Valley, MO 63011

Date _____

Owner _____ Phone _____

Address _____ Subdivision _____

Have Subdivision Trustees been notified? Yes _____ No _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT I AM THE OWNER OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF AND HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF SECTION 215.010.18.b AND OF THE ORDINANCES OF THE CITY OF CLARKSON VALLEY, MISSOURI. IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION DOES NOT CONSTITUTE A PERMIT.

Signed _____

Approved by _____ Date _____
Building Commissioner