

# APPLICATION FOR POD (MOVABLE STORAGE) PERMIT



7607 W College Drive  
Ph: (708) 361-1804 Fax: (708) 923-7112  
[building@palosheights.org](mailto:building@palosheights.org)

REAL ESTATE TAX I.D. #: \_ \_ - \_ \_ - \_ \_ \_ \_ - \_ \_ \_

<b>APPLICANTS: COMPLETE ALL ITEMS AND SUBMIT WITH ALL SUPPORT DOCUMENTATIONS</b>		
<b>LOCATION OF IMPROVEMENT</b>	ADDRESS _____	
	SUBDIVISON _____ LOT _____	
<b>OWNER</b>	NAME _____	<b>PHONE</b>
	ADDRESS _____	Home: _____
	EMAIL _____	Business: _____
		Cell: _____
<b>CONTRACTOR</b>	NAME _____	Business: _____
	ADDRESS _____	
	CONTACT _____	Cell: _____
<b>POD PERMIT ARE ONLY VALID FOR TEN (10) DAYS</b>		<b>TOTAL COST OF IMPROVEMENT</b>
PODS MUST BE PLACED ON THE DRIVEWAY/HARD SURFACE.		
<b>Call Building Department for Inspections. 24 Hour Notice Required.</b>		
<b>**BUILDING DEPARTMENT USE ONLY**</b>		<p>I hereby declare that the above information is correct, and I do agree, in consideration of and upon issuance of a building permit, to perform only such work as described herein. I further declare that I am the owner, his contractor or authorized agent and have permission from the owner to apply for this permit.</p> <p>I/WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, ORDINANCES AND CODES OF THIS JURISDICTION.</p> <p>_____</p> <p style="text-align: center;"><b>Print Name</b></p> <p>_____</p> <p style="text-align: center;"><b>Signature of Applicant</b> <span style="float: right;"><b>Date</b></span></p>
BUILDING PERMIT NO. _____		
BUILDING PERMIT FEE \$ <u>50.00</u>		
APPROVED BY _____		