



Bulk Storage Container/POD Permit for Private Property

10 Reeve Ave
Haddon Township, NJ 08108
856-854-1176 x6266

PLEASE NOTE: INCOMPLETE APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS SUPPLIED.

Property Information:

Street Address: _____

Owner Information

Property Owner Name: _____

Property Owner Address (If different from above): _____

Owner Phone: _____ Cell: _____

Owner Email: _____

Container Information:

Owner of Container: _____

Address: _____

Phone: _____

Email: _____

Location where container will be stored/Placed: _____

Start Date: _____ End Date: _____

Purpose:

Moving: _____ See Section 186 5.2 (a) Renovations: _____ See Section 186 5.2 (b)

Authorization:

(Circle One Please): I am the Property Owner/ Contractor/ Tenant/ Other (Specify _____) making this application. I certify that the owner of record has authorized the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

Signature: _____ Date: _____

Please see Ordinance #1212 for further clarification regarding fees, fines, deadlines, responsibilities and violations.

PLEASE ALLOW 5 DAYS FOR PROCESSING PRIOR TO START DATE.