

Village of Liverpool

310 Sycamore Street, Liverpool, NY 13088 Phone: (315) 457-3441, Fax: (315) 457-5119 Email: codes@villageofliverpool.org

Temporary Storage Permit Application

All applicable sections of this application must be completed or the application will be returned.

OFFICE USE ONLY				
Permit Number:	Date Received:			
Approved By:	Date Approved:			
Date Notified:	Permit Fee: \$			
Denied By:	Date Denied:			
Reason Denied:				

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PROPERTY LOCATION & OWNER					
PROPERTY ADDRESS		TAX MAP NO.			
PROPERTY OWNER	ADDRESS ☐ Same as above			OWNER PHONE	
CITY	STATE	STATE ZIP		OWNER EMAIL	
APPLICANT ☐ Same as above NAME RELATIONSHIP TO OWNER				RELATIONSHIP TO OWNER	
ADDRESS				PHONE	
CITY	STATE	STATE ZIP		EMAIL	
REQUEST DETAILS					
REASON FOR REQUEST					
			EED DUE TO A FIRE OR NATURAL DISASTER?		
				S □ No If yes, date of event:	
REQUESTED ARRIVAL DATE	TE ANTICIPATED R			EMOVAL DATE	
TYPE OF STORAGE UNIT(S)	NUMBER OF STO			ORAGE UNITS REQUESTED	
REQUESTED LOCATION OF STORAGE UNIT					
PROVIDER INFORMATION					
COMPANY NAME ADDRESS					
CONTACT NAME PHO	NE		EMAIL		
ADDI ICANT CEDTIFICATION					
I hereby certify that this application is true and correct to the best of my knowledge and I agree to comply with the					
requirements of any granted permit.					
SIGN HERE	PRINT NAME	PRINT NAME		DATE	