

CITY OF HARTFORD 19 WEST MAIN STREET HARTFORD, MI 49057 www.cityofhartfordmi.org 269-621-2477 cityclerk@cityofhartfordmi.org

## TEMPORARY STORAGE UNIT PERMIT ORDINANCE NO. 305 – 10

Property Owner Name:		Date:
<b>Property Owne</b>	r Address:	
<b>Contact Phone</b>	Number:	
Address Where	Storage Units will be placed:	
Description of S		
Number of Unit	s:	
<b>Expected Delive</b>	ery/Start Date:	20
Expected Pick-	ıp/End Date:	20
Name of Storag	e Unit Company:	
<ul><li>2. Temp any ti</li><li>3. The left</li></ul>	orary Storage Units shall not be me. ocation of any Temporary Stora	e permitted in any residential zoning district. e located within any City street or right-of-way at age Unit must comply with the applicable setback ry structures within the applicable zoning district.
Applicant Signa	iture:	
For Office Use:		
Fee \$15.00	Paid:	Date:
	Approved:	Denied:
		Reason: