



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

TEMPORARY STORAGE UNIT PERMIT APPLICATION
ORDINANCE NO. 305 – 10

Property Owner Name: _____ **Date:** _____

Property Owner Address: _____

Contact Phone Number: _____

Address Where Storage Units will be placed:

Description of Storage Units: _____

Number of Units: _____

Expected Delivery/Start Date: _____ **20** _____

Expected Pick-up/End Date: _____ **20** _____

Name of Storage Unit Company: _____

1. Temporary Storage Units shall not be permitted in any residential zoning district.
2. Temporary Storage Units shall not be located within any City street or right-of-way at any time. If placing in a City Parking Lot or Property you must have prior approval.
3. The location of any Temporary Storage Unit must comply with the applicable setback requirements established for accessory structures within the applicable zoning district.

Applicant Signature: _____

For Office Use: _____

Fee: _____ **Paid:** _____ **Date:** _____

Approved: _____ **Denied:** _____

Reason: _____