

STORAGE CONTAINER PERMIT APPLICATION

City of Ellendale, ND

Box 267, Ellendale, ND 58436

Phone: 701-349-3252 Fax: 701-349-3333 Email: ellendal@drtel.net

For City Use Only:

Permit #: _____

Date Received: _____

Date Paid: _____

Printed Name of Applicant: _____

Legal Description:

Lot # _____ Block # _____ Addition _____ Parcel # _____

Description and Dimensions of Proposed Container and Placement (Also, draw placement on Appendix A hereto in relation to other structures):

Use of the SOLE Container: _____

Does the intended use include any of the following:

- Flammable Materials
- Explosive Materials
- Biohazardous Materials
- Living Biologic Organisms
- Non-Living Biologic Organisms/Biomass

Circle One Of The Following:

Residential

Commercial

Please print:

Site Address: _____

Owner's Name: _____ Phone # _____

Owner's Address: _____

I hereby certify that the facts as set forth and attached in this permit application are true and correct. If a storage container permit is issued, the permit if granted, may be revoked at any time upon violation of any provisions of Ordinances or special conditions imposed.

Signature of Applicant: _____

*Signature of Owner: _____

Date: _____

*Required if different than applicant

Fee for Storage Container Permit

\$0.75 per square foot per year with a maximum annual charge of \$500 per site/location regardless of the number of containers permitted

For use by City of Ellendale offices only

CONDITIONAL USE PERMIT:

City Building Inspector: _____ Date: _____

Order of city Council: _____ Date: _____

Action Taken: Approved Disapproved _____ Date: _____

Approval After Final Inspection (Approval Not Guaranteed)

Storage Container Conditional Use Permit Issued Date: _____

Special Conditions: _____

_____;

For the following period of time: _____,

if not specified the period of time is one year.

Appendix A

Please Complete Detailed Site Drawing:

