

## Department of Community Development 777 Lynn Street Herndon, Virginia 2017o-4602

## NOTIFICATION OF INTENT TO PLACE A PORTABLE STORAGE UNIT (PODS) to be submitted to Community Development prior to placement of Portable Storage Unit

Submittal of this form with original signatures is required. PLEASE PRINT OR TYPE (Unless otherwise indicated.)

| Address where Portable Storage Unit will be located:   |                          |                       |
|--|--------------------------|-----------------------|
|  |                          |                       |
| Name and Title of Person Responsible for the Portable Storage Unit While it is at the above Address:                         |                          |                       |
| Mailing Address:   |                          |                       |
| E-mail address   | Telephone #              | FAX #                 |
| Date Portable Storage Unit will be placed at address:  |                          |                       |
| Approximate length of time Portage Storage Unit is anticipated to be used (Shall not exceed 16 days):                        |                          |                       |
| Please provide a survey of the prope<br>Portable Storage Unit. No more tha<br>time. Each Unit shall be no larger th          | n two such units shall   | l be permitted at one |
| I hereby affirm and certify that:<br>The information provided on this form is t<br>The requirements associated with this app |                          |                       |
| Signature of Person Responsible for<br>While it is at the A  | Date                     |                       |
|  |                          |                       |
| Acknowledgement by the Zor   | ning Administrator       |                       |
| Date Portable Storage Unit must be removed, if pla   |                          | Date                  |
| Comments.  | aced as described above: | Date Date             |

## NOTIFICATION OF INTENT TO PLACE A PORTABBLE STORAGE UNIT (PODS) - continued

| For Office Use Or                  | nly:                |                          |                        |         |
|------------------------------------|---------------------|--------------------------|------------------------|---------|
| Notification Recei                 | ved by:             |                          |                        |         |
| Tax Map Referenc                   | e:                  |                          |                        |         |
| Associated Buildin                 | ng Permit #:        |                          |                        |         |
| *No fee required f                 | or this application |                          |                        |         |
| □ Residential Duple                |                     |                          | ial Quadruplex<br>iily |         |
| Distribution<br>after<br>approval: | Applicant           | Community<br>Development | Fire<br>Department     | Finance |