TOWN OF DICKINSON – BUILDING PERMIT APPLICATION

Code Enforcement: 153 Old Front Street Binghamton, NY 13905 Phone: 607-723-9401 Email: kdoyle@townofdickinson.com

TEMPORARY STRORAGE CONTAINER PERMIT APPLICATION

Permit term: 180 days _____ **Date:** _____

Application is hereby made for permission to: Extension _____

Erect Alter Extend Demolish Type of Container_____

Location: _____
Number Street City/Town

OWNER_____

ADDRESS_____

EMAIL _____

BUSINESS NAME (IF APPLICABLE) _____

ZONE_____PROPOSED USE_____

SIZE OF STORAGE CONTAINER: HEIGHT _____WIDTH _____

Est. Cost $_____ Area_____ Permit Fee $_____

Receipt No. _____ Permit No. _____. _____

ALL WORK SHALL BE DONE IN ACCORDANCE WITH ALL THE APPLICABLE LAWS AND REGULATIONS AND IN ACCORDANCE WITH THE PLANS SUBMITTED HEREWITH. RIGHT OF ENTRY OF THE ZONING OFFICIAL AND INSPECTORS TO PERFORM THEIR DUTIES IS ACKNOWLEDGED.

Applicants Signature_____

PERMIT IS: GRANTED_____ DENIED _____

_____ _____
Date Inspector

ADDITIONAL REMARKS _____
_____

SIGNATURE_____