



Storage Container Permit Application

City of Ferguson

Public Works Department

OFFICE USE

Permit Number

Placement Address:		Date:	
Owner Name:		Owner Phone:	
Applicant:		Applicant Phone:	
Company (if applicable):			
Applicant/Company Address:			
Type of work being done/purpose:			
Type of Container:			
Container Size:	Yards:	Length:	Width: Height:
*Proposed Location of Container:			
Time Period Requested:	From:	To:	(Max. 10 consecutive days)

***STORAGE CONTAINER CANNOT BE PLACED IN STREET OR PUBLIC RIGHT OF WAY**

By signing this application, I confirm that the information I provided is accurate and I will comply with the Ordinances of the City of Ferguson. I confirm that I have read and fully understand [Chapter 28 Article 3](#) of the Municipal Code of the City of Ferguson, Missouri.

Signature of Applicant:		Date:	
Print Name:			

OFFICE USE

Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Permit Conditions			
Approved By:		Date:	

Director of Public Works

PERMIT EXPIRES ON THE PERMIT EXPIRATION LISTED

Permit Expiration: