



# Storage Container Permit Application

City of Ferguson  
Public Works Department

## OFFICE USE

Permit Number

Placement Address:			
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:
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