



Temporary Placement of Materials Permit Application

City of Ferguson
Public Works Department

OFFICE USE

Permit Number

Project Address:			Date:	
Owner Name:			Owner Phone:	
Applicant Name:		Applicant Address:		
Email Address:			Applicant Phone:	
Description of Material:				
Material Size:	Length:	Width:	Height:	
Description of Area:				
Purpose:				
Time Period Requested:	From:		To:	

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 40 Section 2](#) of the Municipal Code of the City of Ferguson, Missouri.

Signature of Applicant:		Date:	
Print Name:		Cellular Phone:	

Submit complete application to publicworks@fergusoncity.com

OFFICE USE			
Police/Fire Review	<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial		
Public Works Review	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Approved By:		Date:	

Director of Public Works

PERMIT EXPIRES ON THE PERMIT EXPIRATION LISTED

Permit Expiration: