



Portable Storage Unit Permit City of Goose Creek, South Carolina

PERMIT# _____

Street Address _____ Subdivision _____

Property Tax Map Number _____ Lot _____ Block _____

Property Owner _____ Phone _____

Type of Dwelling: () Single Family () Duplex () Condo () Apartment Do you have a side entry garage? Yes/No

Square Footage of Temporary Structure: _____

Dates Temporary Structure to be placed on property: From: _____ To: _____

Name of Portable Storage Unit Company _____ Phone _____

Cost of Temporary Structure \$ _____

Is portable storage unit (POD) to be placed in driveway of above stated property? (Yes) (No) Circle one. **If yes**, plot plan is not needed. **If no**, please use area below to indicate placement of pod and it's distance to the side lot lines. If you have a garage on left side of house use figure 1, if you have a garage on right side of house use figure 2.

<p>Figure 1.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Garage</td> <td style="padding: 5px;">House</td> </tr> <tr> <td style="padding: 5px;">Driveway</td> <td style="padding: 5px;"></td> </tr> </table>	Garage	House	Driveway		<p>Figure 2.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">House</td> <td style="padding: 5px;">Garage</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Driveway</td> </tr> </table>	House	Garage		Driveway
Garage	House								
Driveway									
House	Garage								
	Driveway								

Portable Storage System Guidelines: Unit sizes cannot exceed 20 feet in length. Use is limited to one (1) unit per structure for a maximum of fourteen (14) days. A unit is allowed at the same structure after a period of thirty (30) days. A unit may not block access or egress to the principal structure and must meet side and rear set back.

Applicant Certification

I have examined this application and certify it to be true and correct. I agree to abide by the portable storage system guidelines as they are stated above.

Signature of Owner _____ Date _____

Office Use Only

Temp. Structure Permit Fee\$ _____ Approval _____ Date _____