



CITY OF HOLLYWOOD, FLORIDA

DEPARTMENT OF DEVELOPMENT SERVICES

P. O. Box 229045 · HOLLYWOOD, FLORIDA 33022-9045
PHONE: (954) 921-3900 · FAX: (954) 921-3416 · WWW.HOLLYWOODFL.ORG

APPLICATION FOR PORTABLE STORAGE UNIT (P.O.D.)

Applicant: _____
If you are not the property owner, please provide written permission from the property owner.

Address: _____

(City _____ State _____ Zip) _____

Contact (_____) - _____ (_____) - _____
(Home Phone Cell Phone)

POD _____
(Name of Portable Storage Unit Company)

Address: _____
(Street Address)

(City _____ State _____ Zip) _____

(_____) - _____
(Telephone / FAX / Email)

Instructions:

- Residential Permit (14 Day Duration) \$ 35.00 Fee
- Non-Residential Permit (30 Day Duration) \$ 70.00 Fee
- Construction Site/ Emergency (greater than 14 days) \$ 70.00 Fee

Please provide a sketch (reverse side of this form) of the placement of the POD unit showing house/building structure, driveway, alley, street, sidewalk, etc.

Indicate size of POD: (Length x Width x Height) _____ x _____ x _____

Printed Name of Applicant _____

Signature of Applicant _____

Date _____

OFFICE USE ONLY

Permit will be valid on the effective date: _____ / _____ / _____

POD must be removed on or before: _____ / _____ / _____

Employee accepting application _____

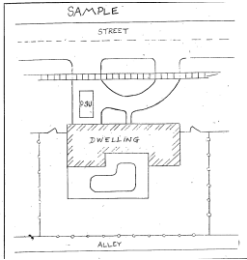
Employee Initials _____

Date _____

Notes: _____ POD# _____

SKETCH OF PROPERTY

Please use this area below to identify where you plan on placing your P.O.D.



Printed Name of Applicant

Signature of Applicant

Date