

TEMPORARY STORAGE PLAN APPROVAL APPLICATION



CITY OF MIDDLEBURG HEIGHTS BUILDING DEPARTMENT

15700 Bagley Road
Middleburg Heights, OH 44130
Phone (440) 234-2218

Website: middleburgheights.com E-mail: building@middleburgheights.com



Please submit the completed application with a drawing showing location of temporary storage on property.

TYPE OF APPLICATION: Temporary Storage Structure/Portable Storage Structure Dumpster/Bulk Waste Storage/Roll-Off Container

PROJECT LOCATION:

| Street Address | Unit/Suite/Building # | Tenant/Company Name | Phone Number |
|----------------|-----------------------|---------------------|--------------|
|----------------|-----------------------|---------------------|--------------|

No more than one (1) temporary storage may be located on a specific piece of property within the City at any time. Size may not exceed 8'6" in height, 10' in width or 20' in length. Temporary storage is permitted to be placed upon a driveway in the front yard and shall be at least 5' to any property line. Such temporary storage may not be located at the same property more than four (4) times in a calendar year period.

DATES REQUESTED: _____ **TO** _____ **(Time requested cannot exceed 30 days)**

BUILDING OWNER INFORMATION:

Owner Name _____ Phone Number _____

| Street Address | City | State | Zip | E-mail |
|----------------|------|-------|-----|--------|
|----------------|------|-------|-----|--------|

APPLICANT INFORMATION: (OWNER OR OWNER'S AUTHORIZED AGENT – IF AGENT, PLEASE SUBMIT WRITTEN AUTHORIZATION)

Applicant/Company Name _____ Phone Number _____

| Street Address | City | State | Zip | E-mail |
|----------------|------|-------|-----|--------|
|----------------|------|-------|-----|--------|

CERTIFICATION:

I certify that I am: Owner Owner's Authorized Agent

I certify that all information contained in this application is true, accurate, and complete to the best of my knowledge. My signature shall constitute an agreement on my part to abide by all Codes, Ordinances, and regulations of the State of Ohio and City of Middleburg Heights pertaining to this request. I further agree to pay all required fees and required review fees that may result from this application.

Signature _____ Printed Name _____ Date _____

----- **FOR CITY USE ONLY** -----

DATE RECEIVED: WALK IN MAIL IN **PROCESSED BY:** _____

APPROVED: _____
Building Commissioner

DATE: _____