

**VILLAGE OF ARDSLEY
507 ASHFORD AVENUE
ARDSLEY, NEW YORK 10502
PHONE: 914-693-1550 FAX: 914-693-3706**

APPLICATION FOR MOBILE STORAGE TRAILER PERMIT

DATE OF REQUEST: _____

NAME OF APPLICANT: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE #: _____

LOCATION OF PROPOSED TRAILER: _____

PURPOSE OF STORAGE TRAILER: _____

DATES REQUIRED: _____

NAME OF SUPPLIER: _____

ADDRESS OF SUPPLIER: _____

PHONE # OF SUPPLIER: _____

SIGNATURE OF APPLICANT: _____

The applicant must provide a sketch of the property showing the proposed location of the storage trailer, a letter from the property owner granting permission to place the trailer on the property, and a non-refundable \$100.00 application fee. If approved, a permit fee of \$100.00 per month will be due and payable.

DATE APPROVED: _____ EXPIRATION DATE: _____

FEE PAID: _____ EXTENSION GRANTED: _____

AUTHORIZED SIGNATURE: _____