

**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: \_\_\_\_\_