



CITY OF MADISON

1239 Highway 51, P.O. Box 40, Madison, Mississippi 39130-0040, (601) 856-6336

TEMPORARY STORAGE UNIT PERMIT

Application Number _____

Date Application Submitted _____

Business/Project/Resident Name _____

Circle One: Commercial Residential

Address: _____

Telephone: _____

Applicant/Contact Person _____

Phone Number _____

Type of Storage Unit (Ex. POD, Trailer, etc.) _____

Duration and Fee for Temporary Storage Unit:

- Mark One
- 0 - 48 Hours (*No Charge*)
- 3 Days - 10 Days Max (*Fee \$25.00*)
- 11 Days Or Longer - (*Must be Approved by Mayor & Board*)

Storage Unit Drop Date _____ Pick Up Date _____

Name of Storage Company _____

Address _____

Contact Name _____

Contact Number _____

I have read, understand and will comply with the City of Madison Ordinance for Temporary Storage Units. Ordinance received by applicant.

Applicant Signature

Building & Permit Office

Date