

TOWN OF SCITUATE



600 Chief Justice Cushing Highway
Scituate, Massachusetts 02066
Phone: 781-545-8716
FAX: 781-545-8704

Inspection Department

DATE: _____

PERMIT #: _____

APPLICATION FOR TEMPORARY STORAGE CONTAINER

Subject Property: _____

Homeowner: _____ Phone # _____

Homeowner Address: _____

Size of Proposed Structure: _____

Setbacks: Front: _____ Side: _____ Side: _____ Back: _____

Description:

Homeowner hereby agrees to remove the permitted storage container within six (6) months of the date of the permit.

Homeowner's signature: _____

Permit Fee: \$30.00