



CITY OF RICHMOND

Department of Codes, Planning, Safety & Risk Management

239 West Main Street, Richmond, KY 40475

Telephone: (859) 625-6404 Fax: (859) 625-6401

www.buildrichmondky.com

Internal Use Only:
Finance Code: Permit
Fee: \$30/container
Approval: _____

Storage Container Application

THIS APPLICATION IS FOR A STORAGE CONTAINER ONLY, AS REQUIRED BY CITY OF RICHMOND ORDINANCE 21-25. SEPARATE PERMITS ARE REQUIRED FOR ANY CONSTRUCTION WORK BEING COMPLETED OR USE AS AN ACCESSORY STRUCTURE; ALL INFORMATION MUST BE ACCURATE AND LEGIBLE.

Site Information

Drop Off Address:		Occupancy: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
Intended Use:			
Type of Storage: <input type="checkbox"/> Permanent (B-Zones Only) <input type="checkbox"/> Temporary		Drop Off Date:	
Please check this box, if this application is for a temporary extension: <input type="checkbox"/>			
Contact Person (Property Owner):			
Phone Number:		Email Address:	

I certify that the above information is true and correct. I agree to comply with all applicable codes and requirements enforced by the City of Richmond.

Applicant Signature: _____ Date: _____

PERMITS ISSUED FOR TEMPORARY COMMERCIAL USE WILL EXPIRE THIRTY (30) DAYS AFTER DROP OFF. IF ADDITIONAL TIME IS REQUIRED, PLEASE CONTACT THIS OFFICE FOR AN EXTENSION.

RESIDENTIAL PERMITS ONLY REQUIRED IF AN EXTENSION IS NEEDED. PLEASE NOTE, THERE WILL ONLY BE ONE EXTENSION GRANTED PER PERMIT.

For official use only:		Permit Expiration Date: _____	
Zone: _____		Site Placement Approved (Permanent Only): <input type="checkbox"/> Y <input type="checkbox"/> N	
Temporary Extension Approved: <input type="checkbox"/> Residential (30 days) <input type="checkbox"/> Commercial (30 days)			
Additional Comments: _____			
Approved for Storage Permit: _____		Date: _____	