Storage Container

Building Department
310 Navajo Trail • Burns Harbor, IN 46304
P 219-787-9187 • F 219-787-0015
buildingclerk@burnsharbor-in.gov • www.burnsharbor-in.gov

Date: _____ No. _____

_____
Applicant

_____ _____
Phone Email

_____
Owner

_____
Address

Provide a plat showing the location of the storage container.

Use (Check One):	Zoning District	Permit Period
☐ Moving Pod	All	10 Days
☐ Construction Container	All	1 year or COO
☐ Temporary Use for Commercial Purposes	RC2, BP, Special Use	10 Days
☐ Long Term Use for Commercial Purposes	RC2, BP, Special Use	Annually
☐ Residential Storage (Non-Permitted Use)		

I, as Applicant for this permit assume the responsibility to be aware of and to comply with all applicable town, state, and federal ordinances, codes, and statutes, land covenants, easements, and restrictions.

_____
Applicant Signature

_____
Date

Storage Container Permit Fee $_____

Inspection Fee $_____

Total $_____

_____
Building Commissioner Signature

_____
Clerk Signature

_____
Date Issued

-- FOR OFFICE USE ONLY --

INSPECTION/NOTES: