

APPLICATION FOR POD / TRASH CONTAINER

Mount Laurel Township  
Community Development  
Zoning Division

IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED APPLICATION? YES or NO

If yes, Permit#: \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualifier \_\_\_\_\_ Zone \_\_\_\_\_

Work Site Location \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Owner \_\_\_\_\_

Existing Use \_\_\_\_\_

Description of storage unit \_\_\_\_\_

I hereby certify that the proposed installation is authorized by the owner of record and that I have been authorized by the owner to make this application of his/her agent and we agree to conform to all application laws of this jurisdiction.

Signature \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

PLEASE CIRCLE ONE:  
Agent / Owner

Print name / Title \_\_\_\_\_ Company Name \_\_\_\_\_

Submitted: \_\_\_\_\_ One (1) copy of the Homeowners Association approval letter.  
\_\_\_\_\_ Two (2) copies of plot plan showing existing building and proposed structure(s) including setbacks.  
\*\*\*Plot plans MUST be same size as original document\*\*\*

This application is for:

Portable home storage unit  Trash dumpster

Location requested: \_\_\_\_\_

Dates requested: \_\_\_\_\_

This application is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Application# \_\_\_\_\_ Permit# \_\_\_\_\_

Application Fee: \$25.00 (Exact cash or check) Received: Cash/Check# \_\_\_\_\_ Voucher# \_\_\_\_\_

\_\_\_\_\_  
Marcie B. Maute, Zoning Officer