



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 _____

Legal Description _____

Provide a plat showing the location of the storage container.

Use (Check One):	Zoning District	Permit Period
<input type="checkbox"/> Moving Pod	All	10 Days
<input type="checkbox"/> Construction Container	All	1 year or COO
<input type="checkbox"/> Temporary Use for Commercial Purposes	RC2, BP, Special Use	10 Days
<input type="checkbox"/> Long Term Use for Commercial Purposes	RC2, BP, Special Use	Annually
<input type="checkbox"/> 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 \$ _____

Renewal Fee \$ _____

Inspection \$ _____

Reinspection Fee \$ _____

Building Commissioner Signature

Clerk Signature

Date Issued

