

# Storage Container Application Ord. #1037

## Pitcairn Borough Code Enforcement

Phone: (412)372-6500 X 15 Email: [Code@pitcairnborough.us](mailto:Code@pitcairnborough.us)

609 Broadway Blvd Pitcairn, Pa 15140

**Application Fee \$30 for a duration not longer than 1 month.**



### Applicant Information

Company/organization: \_\_\_\_\_

Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Email: \_\_\_\_\_

### Proposed Location of storage Container

Address: \_\_\_\_\_

Front: \_\_\_\_\_ Rear (Alley): \_\_\_\_\_ Side: \_\_\_\_\_

Type of Container Being placed: \_\_\_\_\_

Length of Container: \_\_\_\_\_ Width of Container: \_\_\_\_\_

**Container must not interrupt traffic flow, Emergency vehicle access, and must be visible at all times. Prior approval is required from the Pitcairn Code Enforcement department or the Pitcairn Police Department.**

### Length of time requesting for

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_ No. of Days: \_\_\_\_\_

**Attest that all information provided in this application is true and correct to the best of my knowledge. Please sign, print and date below.**

Signature: _____	Print Name: _____	Date: _____
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### Office Use Only

**All Electric bills and taxes must be paid in full before any permit can be issued. (Ordinance #982 Act 90)**

Date Paid: \_\_\_\_\_ Amount owed on Accounts: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Account #: \_\_\_\_\_