## GARDEN CITY TEMPORARY USE PERMIT

## For Office Use Only 3-digit # \_\_\_\_ Paid: \_\_\_\_ Refund date: \_\_\_\_

| Date:   |  | Refund Check #:  |
|---|--|--|
| Applicant Name:   |  |  |
| Applicant Address:  |  |  |
| Applicant Phone #:  |  |  |
| Address of Use:   |  |  |
| Type of storage: Connex   | Other: Explain   |  |
| Purpose of Temporary Use Permit:  |  |  |
| Permit may be renewed <u>prior</u> nonrefundable if permit expire the number recorded on the permiters. | permit. The permit can be rene<br>piration of the original permit.<br>Cluding not removing container | t is required. Deposit is tified with a 3-digit number and wed for a one time additional 90 Citations and fees may apply for |
| Expiration Date:  |  |  |
| Signature of Mayor  |  |  |
| Signature of Planning Commission (  | <br>Chair or Code Enforcement Off  | icer   |
| Renewed:  | Expiration:  |  |
| Signature of Co   | ode Enforcement Officer  |  |

• No flammable, hazardous or explosive material may be stored without written permission from the Garden City Mayor.