

**EXPIRATION DATE:** 

CODES & INSPECTIONS DEPARTMENT 1301 12<sup>TH</sup> STREET, SUITE 103 ALTOONA, PA 16601 (814) 949-2456

## APPLICATION FOR CONTAINERIZED STORAGE

ADDRESS:	CITY:		STATE:		ZIP CODE:	
PARCEL NUMBER:	<b>.</b>	<u> </u>			· ·	
PROPERTY OWNER INFORMATION						
NAME:						
ADDRESS: CITY:		STATE:		ZIF	ZIP CODE:	
PHONE:		EMAIL:				
CONTAINER INFORMATION						
TYPE OF CONTAINER: SIZE OF CONTAINER:						
LOCATION OF CONTAINER ON LOT:  (SITE PLAN MUST BE ATTACHED TO THIS APPLICATION SHOWING CONTAINER PLACEMENT)						
TYPE OF MATERIALS TO BE STORED:						
DESCRIBE HOW CONTAINER WILL BE SECURED:						
DATE TO BE INSTALLED:		DATE TO BE REMOVED:				
SIGNATURES						
CONTAINERIZED STORAGE ON ANY PROPERTY FOR A PERIOD OF MORE THAN SIX MONTHS. AT THE END OF THE SIX MONTHS, A ONE-TIME EXTENSION MAY BE GRANTED IF APPLICATION IS MADE TO THE CITY OF ALTOONA ZONING HEARING BOARD.  I AM RESPONSIBLE FOR THE TIMELY PROPER REMOVAL OF THE CONTAINER AND ITS CONTENTS AT THE END OF THE APPROVED PERIOD. I AGREE TO POST PROPER FINANCIAL SECURITY GUARANTEEING REMOVAL OF THE CONTAINER PRIOR TO ITS INSTALLATION IF SUCH SECURITY IS DETERMINED TO BE NECESSARY BY THE CITY.						
PROPERTY OWNER'S SIGNATURE (TO BE SIGNED IN THE PRESENCE OF A NOTARY)  DATE					ATE	
FORM OF INDIVIDUAL ACHNOLEDGEMENT						
COMMONWEALTH OF PENNSYLVANIA COUNTY OF BLAIR COUNTY  ON THIS, THE DAY OF, 20, BEFORE ME, THE UNDERSIGNED OFFICER, PERSONALLY APPEARED, KNOWN TO ME (OR SATISFACTORILY PROVEN) TO BE THE PERSON(S) WHOSENAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME FOR THE PURPOSES THEREIN CONTAINED.  IN WHITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.						
			NOTA	ARY PUI	BLIC	
ZONING OFFICER USE ONLY						
EFFECTIVE DATE: AMT OF FINANCIAL SECURITY POSTED: \$						

REVISION DATE: 2023-02-08

FINANCIAL SECURITY EXPIRES: