



# City of Oak Leaf

301 Locust Drive \* Oak Leaf, Texas 75154 \* 972-617-2660 \* Fax 972-617-7108 \* www.oakleaftexas.org

## PORTABLE STORAGE CONTAINER PERMIT APPLICATION

**NOTICE TO ALL APPLICANTS:** This permit is issued on the basis of information furnished in this application. It is the responsibility of the applicant to know and abide by the provisions and requirements of the City of Oak Leaf Code of Ordinances and any other governing ordinances which must be complied with, whether or not stated herein. All ordinances can be found online.

Owner of Property	Owner's Phone #		
Project Address	City	State	Zip
Provider's Name	Provider's Phone #		
Provider's Address	City	State	Zip

Container's Identification #

Submit scale drawing of plot plan with placement of existing home and location of PSC on property.

Describe Proposed Use

Date of Placement	Date of Removal (if applicable)
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### CERTIFICATE AND DECLARATION

The undersigned applicant hereby declares that the above facts are true and correct and that the construction proposed herein will be performed in conformity with existing regulations as pertain to building and zoning in the City of Oak Leaf. Under the penalty of perjury, I hereby certify that as the applicant for this permit, I have read the deed restrictions for the \_\_\_\_\_ subdivision and declare that no violations of those deed restrictions will occur if the applied for permit is approved by the City of Oak Leaf.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Permit Fee Amount \$ _____ ___ Cash ___ Check # _____	Date	City Administrator's Signature
Recommendation ___ Grant ___ Deny ___ Additional Info.	Building Inspector's Signature	PERMIT #