



# Borough of Tenafly

100 Riveredge Road  
Tenafly, NJ 07670

## DEPARTMENT OF BUILDINGS

Phone:201-568-6100 Fax:201-568-3264

# TEMPORARY USE PERMIT APPLICATION

FOR ON-SITE PLACEMENT OF STORAGE CONTAINERS NOT EXCEEDING SIX MONTHS

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone District: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Owner's Address (if different): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Tenant's Name (if not owner): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

CONTAINER SIZE: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Height: \_\_\_\_\_

Placement Date: \_\_\_\_\_ Removal Date: \_\_\_\_\_

I affirm that I have read and will comply with the regulations in Borough Code §35-802.14e regarding temporary storage containers (see reverse).

\_\_\_\_\_  
Date: \_\_\_\_\_

Property Owner's Signature

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**BUILDING DEPARTMENT USE ONLY**

Completed Application Form

Survey with Container Location

\$10.00 Application Fee Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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 APPROVED – Application Conforms to Requirements of §35-802.14e:

DENIED – Application Does Not Conform to Requirements of §35-802.14e, REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Robert E Byrnes, Zoning Officer

PLACEMENT VERIFIED by: \_\_\_\_\_ Date: \_\_\_\_\_

REMOVAL VERIFIED by: \_\_\_\_\_ Date: \_\_\_\_\_