



City of Parkland

Planning and Zoning Department

6600 University Drive, Parkland, FL 33067 Phone (954) 753-5040 Fax (954) 341-5161

STAFF USE ONLY
Intake Date: _____
By: _____
Fee Paid: _____
Receipt: _____
Petition #: _____

PORTABLE / TEMPORARY STORAGE UNITS ("Pods") APPLICATION

Application Date: _____

Applicant's Name: _____

Applicant's Address and Phone Number: _____

Applicant's E-Mail Address: _____

Address of location of where Pod is to be located: _____

Name of Pod Company: _____

Address of Pod Company: _____

Applicant's Signature: _____

Date cash bond or letter of credit was submitted to the City: _____

Square footage of Pod: _____

Date the Pod is to be placed on the parcel identified on this application: _____

Date the Pod is to be removed from the parcel identified on this application: _____

Owners Signature (If different than applicant): _____

REQUIRED INFORMATION TO BE PROVIDED PURSUANT TO ORDINANCE NUMBER 2010-16, AS AMENDED FROM TIME TO TIME

1. A copy of a valid city business tax receipt of company or vendor providing the Pod.
2. Applicant shall pay the filing fee amount of fifty dollars (\$50).
3. Attach a copy of receipt of cash bond or letter of credit.
4. A survey / site plan showing the location of the Pod and the proposed setbacks of the Pod.