



**APPLICATION FOR CONTAINERIZED STORAGE**

ADDRESS:	CITY:	STATE:	ZIP CODE:
PARCEL NUMBER:			

**PROPERTY OWNER INFORMATION**

NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE:		EMAIL:	

**CONTAINER INFORMATION**

TYPE OF CONTAINER:	SIZE OF CONTAINER:
LOCATION OF CONTAINER ON LOT: <small>(SITE PLAN MUST BE ATTACHED TO THIS APPLICATION SHOWING CONTAINER PLACEMENT)</small>	
TYPE OF MATERIALS TO BE STORED:	
DESCRIBE HOW CONTAINER WILL BE SECURED:	
DATE TO BE INSTALLED:	DATE TO BE REMOVED:

**SIGNATURES**

I HEREBY CERTIFY THAT I AM THE PERSON WHO COMPLETED THIS APPLICATION AND THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I RECOGNIZE THAT THE CITY DOES NOT PERMIT 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.

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PROPERTY OWNER'S SIGNATURE (TO BE SIGNED IN THE PRESENCE OF A NOTARY) DATE

**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) WHOSE NAME(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.

\_\_\_\_\_  
 NOTARY PUBLIC

FEE: \$75.00

**ZONING OFFICER USE ONLY**

EFFECTIVE DATE:	AMT OF FINANCIAL SECURITY POSTED: \$
EXPIRATION DATE:	FINANCIAL SECURITY EXPIRES: