



Village of
Ashwaubenon

2155 Holmgren Way • Ashwaubenon, WI 54304

www.ashwaubenon.com

P: 920.492.2309 F: 920.492.2328

Storage Unit Permit Application

Site Information

Address _____
Parcel ID VA- _____ Zoning District _____
Company/Business Name _____
Purpose/ Reason Storage Unit Needed _____
Proposed Location (include site plan) _____
Proposed Start Date _____ Proposed End Date _____

Property Owner

Name _____
Address _____
Phone _____ Fax _____ Email _____

Applicant (If different than property owner)

☐ Architect ☐ Contractor ☐ Agent ☐ Other (_____)

Name _____
Address _____
Phone _____ Fax _____ Email _____

Requirements

A permit fee of \$100 must be submitted with each application.

The length of time a storage container is allowed is **NOT TO EXCEED SIX MONTHS.**

A site plan (to scale) must be included with each application.

I, the undersigned, agree to the terms outlined above and will remove storage containers on or before the date stated above. I understand failure to comply will result in civil forfeitures levied on a daily bases.

Failure to obtain a permit prior to installing storage containers:

First Offense: Fees Double

Second Offense: Fees Triple plus fines which accrue on a daily basis.

I hereby certify that the information provided in this application is true and accurate.

Property Owner Signature: _____ Date: _____

Applicant/Agent Signature: _____ Date: _____

(If different than Property Owner)

Please remit application, site plan and \$100 permit fee to:

Building Inspector, Village of Ashwaubenon, 2155 Holmgren Way, Ashwaubenon, WI 54304

FOR OFFICE USE ONLY

Date Received: _____ \$100 Fee Paid: ☐ yes / ☐ no Site Plan Attached: ☐ yes / ☐ no

Building Inspector
Signature: _____ ☐ approved / ☐ denied Approval Date: _____

Notes:

