

2019 AUTO DEALER TEMPORARY VEHICLE STORAGE PERMIT APPLICATION

PERMIT FEE: \$5,000.00

NAME OF DEALERSHIP: _____ TODAY'S DATE: _____

ADDRESS OF DEALERSHIP: _____ ZIP CODE: _____

CONTACT PERSON: _____ EMAIL: _____

PHONE: _____

LOCATION FOR VEHICLE STORAGE: _____

ADDRESS/DESCRIPTION OF LOCATION: _____

PROPERTY OWNER NAME: _____ PHONE: _____

DATES AND DURATION OF STORAGE _____

(must be no longer than a 12 month period)

NUMBER OF VEHICLES TO BE STORED: _____ VEHICLE MAKE: _____

All applications must be fully completed and accompanied by an application fee, as well as the following:

❖ **Site Plan showing location of parking stalls: # of stalls _____**

APPLICANT'S SIGNATURE: _____ DATE: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

Office Use Only

Date Received _____

Approved: _____ Denied: _____ By: _____ Date: _____

Zoning District: _____ Comments: _____