

CITY OF WEBSTER
85 E CENTRAL AVE
WEBSTER, FL 33597



PERMIT RENEWAL FOR STORAGE CONTAINERS

BUSINESS NAME: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: () _____ - _____

SITE ADDRESS FOR STORAGE CONTAINER: _____

DESCRIPTION OF CONTAINER: _____

DESCRIPTION OF LOCATION: _____

NUMBER OF CONTAINERS I OWN: _____

BY SIGNING MY SIGNATURE BELOW, I AM CERTIFYING THAT THE ABOVE INFO IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM THE OWNER OF THE STORAGE CONTAINERS LISTED ABOVE.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

PERMIT # _____

COLOR _____

EXPIRATION _____