



City of Sunny Isles Beach
 Code Compliance Department
 18070 Collins Avenue, 3rd Floor Sunny Isles Beach, Florida 33160
 Phone: (305) 792-1705 Fax: (305) 792-1569

Application for Portable Storage Unit – POD –

RESIDENTIAL ZONED AREAS ONLY PURSUANT TO CHAPTER 234: STORAGE UNITS

Non-Refundable \$10.00 Application Fee

Applicant		Phone#	Fax#
Address	City	State	Zip
Property Owner		Phone#	Fax#
Address	City	State	Zip
POD Company Name		Phone#	Fax#
Address	City	State	Zip
Delivery Date	Removal Date		
Active Building Permit Number			
Container Information			
1. Height	_____		
2. Width	_____		
3. Length	_____		
4. Cubic Ft	_____		
FOR OFFICE USE ONLY			
Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Comments	Approved by:		Date:
<u>Terms and Conditions of the Approval</u>			
<p>234-4(C) – The temporary storage unit shall be located at such address for a maximum of 14 consecutive days, including the days of delivery and removal. An extension may be granted, subject to conditions, for a reasonable additional time period in an amount not to exceed 30 days.</p> <p>234-4(D) – Each residential property is limited to a maximum of four registrations per calendar year, and a minimum of 15 days shall elapse between the end of one registration period and the beginning of another.</p> <p>PODS may also be governed by Association rules and deed restriction. Approval by the City does not supersede Association or deed restrictions.</p> <p>I HAVE READ THE FOREGOING AND AGREE TO ITS CONTENTS. I UNDERSTAND THAT THIS APPLICATION IS GRANTED FOR 14 DAYS FROM ITS ISSUANCE AND MUST BE REMOVED UPON EXPIRATION. ANY FALSIFICATION, MISREPRESENTATION OR MISLEADING INFORMATION GIVEN TO THE CITY VOIDS THIS APPLICATION</p>			
Notarized Signature of Applicant		Notarized Signature of Property Owner	
<input checked="" type="checkbox"/> Signature of Applicant		<input checked="" type="checkbox"/> Signature of Authorized Corporate Representative	
Date		Date	
Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____		Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____	
Check one: <input type="radio"/> Personally Known <input type="radio"/> Produced Identification Type of Identification (if any) _____		Check one: <input type="radio"/> Personally Known <input type="radio"/> Produced Identification Type of Identification (if any) _____	
Notary Public _____ My Commission Expires _____	Notary Stamp	Notary Public _____ My Commission Expires _____	Notary Stamp