



**BOROUGH OF PALMYRA**  
**Construction Office**  
 20 W. Broad Street  
 Palmyra, NJ 08065  
 Phone: 856-829-1096  
 Email: [tkilmer@boroughofpalmyra.com](mailto:tkilmer@boroughofpalmyra.com)

**FEE: \$0.10 PER/  
CUBIC FOOT**

**STORAGE FACILITY APPLICATION**

**(Fee is \$.10 Per/Cubic Foot of each facility and a separate application is required for each facility\*)**

**SECTION I – APPLICANT INFORMATION**

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION II – STORAGE FACILITY INFORMATION**

Location/Premises: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Total Cubic Feet: \_\_\_\_\_

Dimensions of Storage Facility: \_\_\_\_\_ (Length) x \_\_\_\_\_ (Width) x \_\_\_\_\_ (Height)

Date of arrival: \_\_\_\_\_ Estimated Date of Departure: \_\_\_\_\_

Copy of Pictures of Storage Facility Front, Back & Sides Required.

Copy of Survey or Site Plan indicating where the Storage Facility is located on the Property Required.

List of Materials/Contents\* which will be stored: \_\_\_\_\_

\*If Materials/Contents require a Material Safety Data Sheet (MSDS), ATTACH.

**ALSO REQUIRED IF APPLICABLE:**

License Plate No.: \_\_\_\_\_ Vehicle Identification No. (VIN): \_\_\_\_\_

Copy of Registration Card \_\_\_\_\_ Copy of Insurance Card \_\_\_\_\_

**\*The expiration of the storage facility fee is one year from date of issue and must be renewed annually.**

.....  
**OFFICE USE ONLY**  
 .....

DATE RECEIVED: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ CHECK #: \_\_\_\_\_ / CASH: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_