



CITY OF HINESVILLE
DEPARTMENT OF INSPECTIONS

CARGO SHIPPING CONTAINER
REQUEST FOR TEMPORARY USE

Map # Parcel # Zone

(Please Print)

Business Owner / Manager:
Business Name:
Location Address:
Mailing Address:
Telephone Number and Email:

Number of Containers Requested: Dimensions: Size: Value \$

Requested Dates

(Permit will be granted for a maximum of 90 days)

Beginning: Ending:

Note to Applicant: A site plan must be submitted with this application showing property lines, easements, and The distance the containers will be located from other buildings and structures on the property.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and Adherence governing this activity will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating the performance of this activity.

Date Applicant's Signature

Fire Department Recommendation: [ ] Approved [ ] Disapproved

Date Fire Chief or Authorized Agent

This application is hereby: [ ] Approved [ ] Disapproved

Date Director of Inspections

Comments:

Permit # Permit Fee \$ Paid by: [ ] Check # [ ] Cash