



# CITY OF HOLLYWOOD, FLORIDA

## DEPARTMENT OF DEVELOPMENT SERVICES

P. O. Box 229045 · HOLLYWOOD, FLORIDA 33022-9045

PHONE: (954) 921-3900 · FAX: (954) 921-3416

Submit application to [engineeringpermits@hollywoodfl.org](mailto:engineeringpermits@hollywoodfl.org)

### APPLICATION FOR PORTABLE STORAGE UNIT (P.O.D.)

Applicant: \_\_\_\_\_  
**If you are not the property owner, please provide written permission from the property owner.**

Address: \_\_\_\_\_

(City \_\_\_\_\_ State \_\_\_\_\_ Zip) \_\_\_\_\_

Contact (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
(Home Phone Cell Phone)

POD \_\_\_\_\_  
(Name of Portable Storage Unit Company)

Address: \_\_\_\_\_  
(Street Address)

(City \_\_\_\_\_ State \_\_\_\_\_ Zip) \_\_\_\_\_

(\_\_\_\_\_) - \_\_\_\_\_  
(Telephone / FAX / Email)

Instructions:

- Residential Permit (14 Day Duration) \$ 35.00 Fee
- Non-Residential Permit (30 Day Duration) \$ 70.00 Fee
- Construction Site/ Emergency (greater than 14 days) \$ 70.00 Fee

Please provide a sketch (reverse side of this form) of the placement of the POD unit showing house/building structure, driveway, alley, street, sidewalk, etc.

Indicate size of POD: (Length x Width x Height) \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Permit will be valid on the effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

POD must be removed on or before: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Employee accepting application \_\_\_\_\_

Employee Initials \_\_\_\_\_

Date \_\_\_\_\_

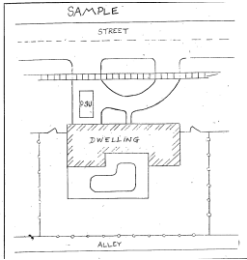
Notes: \_\_\_\_\_ POD# \_\_\_\_\_

\_\_\_\_\_

## SKETCH OF PROPERTY

Please use this area below to identify where you plan on placing your P.O.D.

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Printed Name of Applicant

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Signature of Applicant

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Date