

**This application is not a permit until fees are received and drawings/plans (if applicable) are approved. Any work prior to permit issuance is prohibited. Permits are non-transferable and Fees are Non-Refundable! All permit applications are to be completed and submitted through the BS&A Online Permitting Portal: <https://bsaonline.com/?uid=2757>**

PROJECT ADDRESS:

Unit/Suite/Apt#:

Parcel:

Residential  Commercial

Project Description / Full Scope:  
(Required):

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**Information**

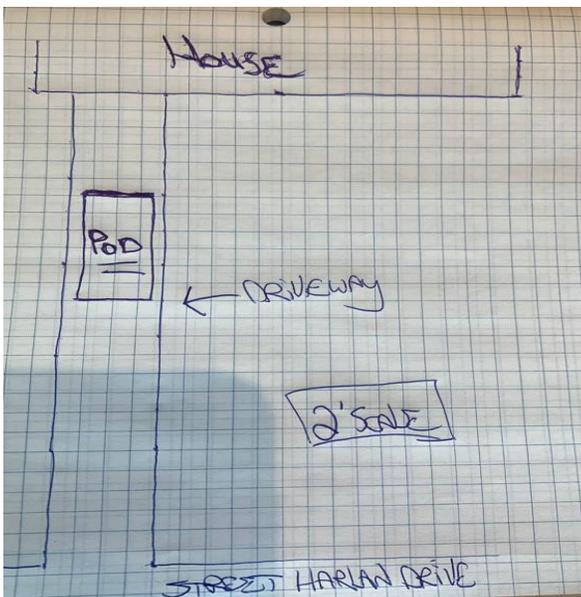
**This permit requires a 5-business plan review! (See Plan Review Process)**

Submit with application a site plan showing:

- 1) street
- 2) orientation of house or structure
- 3) location of DRIVEWAY
- 4) location of place of POD on property
- 5) size of POD

(see sample below)

What's Next:



What's Next:

1. [Setup Online Account](#)
2. Click **Apply for a Permit**

▲ **Building Department**

**Apply for a Permit**

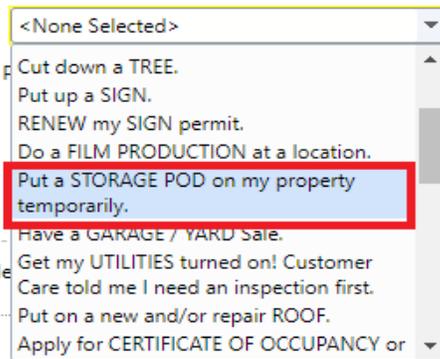
3. Input Address, select and click Next.
4. For the question, "What would you like to do?", select **Put a STORAGE POD on my property temporarily.**

**Step 2: Enter Permit Details**

Use the drop down to assist with selecting the correct After choosing the type of submittal desired, typically, t

For Building Permits, when asked for Construction Val put on the application.

★ What would you like to do?



5. Choose Com Temp Storage & Pods or Res Temp Storage & Pods
6. Put in a complete description and click Next.
7. Finish with the submittal process.

When application is reviewed and accepted, a request for payment will be sent. After payment of invoice, the plan review will start ([See Plan Review Process.](#))

APPLICATION INFORMATION

<b>Who is the PERMIT HOLDER – the person responsible for, will supervise <i>and do the work</i> for this permit: (Reference the <a href="#">“Who Can Pull a Permit document and Required Credentials”</a>)</b>		
<input type="checkbox"/> <b>Homeowner / Property Owner</b> <ul style="list-style-type: none"> <li>• Tax Bill and/or Deed filed with County Required</li> <li>• Stated Issued ID Required</li> </ul>	<input type="checkbox"/> <b>Contractor</b> (if To Be Determined please check <input type="checkbox"/> ) <ul style="list-style-type: none"> <li>• Current Business License Required</li> <li>• Copy of State Certification (if applicable) Required</li> <li>• State Issued ID Required</li> </ul>	
<p>The signature below is a binding statement that the permit holder will be responsible for and supervise the job at the permitted address and that the Property Owner is aware of, agrees with and has granted permission for this permit to be applied for and issued.</p>		
Signature of Permit Holder (or agent): _____ Date: _____		
<b>Who is submitting this application:</b>		
<input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Designer / Engineer / Architect <input type="checkbox"/> Permit Expeditor <input type="checkbox"/> Agent for Permit Holder		
<b>AGENT FOR PERMIT HOLDER: (All Contact Information Required! <a href="#">Authorized Agent Form</a> required!)</b>		
Name:		Phone:
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		
<b>PROPERTY OWNER: (REQUIRED – APPLICATION WILL NOT BE ACCEPTED WITHOUT PROPERTY OWNER'S INFORMATION!)</b>		
Name:		Phone:
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		
<b>CONTRACTOR: (All Contact Information Required - if To Be Determined, please check <input type="checkbox"/>)</b> If contractor is to be determined, an ‘ASSIGNING CONTRACTOR TO PERMIT AFTER SUBMISSION’ form must be submitted with updated information and signatures before permit can issued.)		
<input type="checkbox"/> <b>State Certified Contractor</b>	<input type="checkbox"/> <b>Specialty Trade</b> (Roofer, Concrete, Siding, Sheetrock, Fence, Windows, etc...)	
Name:		Phone:
Company Name:		Phone (Company):
Address (Physical / No PO Boxes):		
City:	State:	Zip:
Email:		
Business License #:		State Card # (if applicable):
<b>DESIGNER / ENGINEER / ARCHITECT / PERMIT EXPEDITER (If applicable):</b>		
<input type="checkbox"/> Designer <input type="checkbox"/> Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Permit Expediter		
Name:		Phone:
Company Name:		Phone (Company):
Address:		
City:	State:	Zip:
Email:		

CONTACT INFORMATION