



PLANNING AND ZONING COMMISSION
TOWN OF BRANFORD

1019 Main Street, Branford, CT 06405, Telephone: (203) 315-0676, FAX: (203) 315-2188

APPLICATION FOR TEMPORARY ZONING PERMIT PERSONAL STORAGE CONTAINERS

PODS must meet all other requirements of the underlying zone and no POD shall be placed in a town right of way or located in a manner that is detrimental to pedestrian or vehicular traffic. All PODS must be removed upon permit expiration

ADDRESS OF PROPERTY _____

TAX MAP _____ BLOCK _____ LOT _____ ZONING DISTRICT _____

DIMENSIONS OF POD PROPOSED _____

POD will remain on site from (dates) _____ through _____

PLEASE SUBMIT THE FOLLOWING WITH COMPLETED APPLICATION

1. \$25.00 application fee.
2. A plot plan showing the location of proposed POD in relation to the property boundaries.

Owner's name _____ PLEASE PRINT
Applicant's name _____ PLEASE PRINT

Address _____ Address _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Signature _____ Signature _____

FOR OFFICE USE ONLY

Receipt Date _____ Fee Paid _____

Approved/Denied By _____ Date _____