CONSTRUCTION / STORAGE TRAILER
PERMIT APPLICATION
CITY OF DOVER

15 E. LOOCKERMAN ST
DOVER, DE 19901

P.O. BOX 475
DOVER, DE 19903

DATE OF APPLICATION ________________ 20 ___________

COMPANY NAME _____________________________________________

COMPANY MAILING ADDRESS __________________________________

_________________________________________________________

CONTACT NAME ______________________________ PHONE ________

NUMBER OF UNITS __________________________________________

LOCATION OF UNIT **SITE PLAN REQUIRED**

____________________________________________________________________

DESCRIPTION OF CONSTRUCTION / STORAGE TRAILER

MAKE __________________________________________ YEAR _______

SERIAL NO. __________________________________ SIZE _______ X _______

**APPLICANT SIGNATURE

FOR OFFICE USE ONLY

DATE PAID __________________

AMT PAID __________________

PENALTY ___________________

STICKER # _________________

ISSUED BY ___________________

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