



155.2412. TEMPORARY USE PERMIT

(Below is a summary of Section 155.2412. For the complete language, please refer to the Zoning Code)

STANDARDS FOR TEMPORARY PORTABLE STORAGE UNITS

(Below is a summary of Section 155.4403.C. For the complete language, please refer to the Zoning Code)

- **Number**

- **Portable Storage Unit for On-Site Storage**

- No more than one unit used for on-site storage shall be located on a lot.

- **Portable Storage Unit for Transport**

- Up to two units used for transport may be located in a lot in a residential zoning district if no unit used for on-site storage is located on the lot.

- **Size**

- **Portable Storage Unit for On-Site Storage**

- The unit shall be no more than eight feet wide, 16 feet long, or eight feet high.

- **Portable Storage Unit for Transport**

- Each unit shall be no more than five feet wide, seven feet long, or eight feet high.

- **Duration**

- **Residential Zoning Districts**

- No unit shall be placed on a lot in a residential zoning district for more than three consecutive days, or for more than six days within any calendar year.

- **Nonresidential Zoning Districts**

- No unit shall be placed on a lot in a nonresidential zoning district for more than 14 consecutive days, or for more than 28 days within any calendar year.

- **Location**

- **Residential Zoning Districts**

- In a residential zoning district, a unit may be placed only in a driveway or, if alley access to the rear of the lot exists, in the rear yard. If no driveway or alley access to the rear of the lot exists, a unit may be placed in the front yard of the lot provided the Development Services Director determines that such placement does not obstruct the free, convenient, and normal use of the public right-of-way.

- **Nonresidential Zoning Districts**

- In a nonresidential district, a unit may be placed only in the rear yard or side yard. In no case may a unit be placed in the front yard, in any front parking lot of a commercial use, or in fire lanes, passenger loading zones, commercial loading areas, or public rights-of-way.

PROCEDURE

1. Submit to the Zoning Counter for approval.

APPLICATION CHECKLIST

The following copies shall be submitted to the Principal Planner.

- **One (1) Original Copy**

<input type="checkbox"/>	Application Fee as established by resolution of the City Commission <i>(no copies required)</i>
<input type="checkbox"/>	Completed application with original signatures.
<input type="checkbox"/>	Proof of ownership (owner's certificate form must be completed by owner).
<input type="checkbox"/>	Sketch demonstrating the proposed location for Portable Storage Unit



City of Pompano Beach
 Department of Development Services
 Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
 Phone: 954.786.4634 Fax: 954.786.4666

**Minor Temporary Use Application
 Portable Storage Unit**

STREET ADDRESS		Zoning District	
Subdivision		Block	
Size of Portable Storage Unit	Width		Height
Number of Days Portable Storage Unit Needed	Length		From Date
			To Date

Owner's Representative or Agent		Landowner (Owner of Record)	
Print Name and Title		Print Name and Title	
Signature		Signature	
Date		Date	
Street Address		Street Address	
Mailing Address City/ State/ Zip		Mailing Address City/ State/ Zip	
Phone Number		Phone Number	
Email		Email	
Indicate your preferred medium to receive agendas and notifications: ___ Mail ___ E-Mail		Indicate your preferred medium to receive agendas and notifications: ___ Mail ___ E-Mail	

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)		
Approved by:	Date:	Process Number:
Comments:		
Copy to Code Enforcement on:	Fee Amount: \$	Date Paid:



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OWNER'S CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.

Owner's Name: _____
(Print or Type)

Address: _____

Phone: _____ **(Zip Code)** _____

Email address: _____

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this _____ day of _____, _____.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

- Personally know to me, or
- Produced identification: _____
(Type of Identification Produced)