



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

**Minor Temporary Use Application  
Portable Storage Unit**

**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

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

<b>Owner's Representative or Agent</b>		<b>Landowner (Owner of Record)</b>	
<b>Print Name and Title</b>		<b>Print Name and Title</b>	
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>		<b>Date</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>Mailing Address City/ State/ Zip</b>		<b>Mailing Address City/ State/ Zip</b>	
<b>Phone Number</b>		<b>Phone Number</b>	
<b>Email</b>		<b>Email</b>	
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)		
<b>Approved by:</b>	<b>Date:</b>	<b>Process Number:</b>
<b>Comments:</b>		
<b>Copy to Code Enforcement on:</b>	<b>Fee Amount:</b> \$ _____	<b>Date Paid:</b>



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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:

(Zip Code)

Phone:

Email address:

(Signature of Owner or Authorized Official)

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this day of 2021, by as of a Florida corporation, on behalf of the corporation, who is personally known to me or who has produced as identification

NOTARY'S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this day of 2021, by who is personally known to me or who has produced as identification.



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NOTARY'S SEAL:

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NOTARY PUBLIC, STATE OF FLORIDA

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Commission Number