

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 _____

