CONSTRUCTION / STORAGE TRAILER PERMIT APPLICATION
CITY OF DOVER

15 LOOCKERMAN PLAZA
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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