



# TOWN OF LOS GATOS

PARKS & PUBLIC WORKS DEPARTMENT  
ENGINEERING DIVISION  
PHONE (408) 399-5771  
FAX (408) 399-5763

SERVICE CENTER  
41 MILES AVENUE

## APPLICATION FOR STORAGE IN PUBLIC RIGHT-OF-WAY

Application Date: \_\_\_\_\_ Permit No. ST \_\_\_\_\_

Property Address: \_\_\_\_\_ A.P.N.: \_\_\_\_\_

Location of Storage (if not at address frontage): \_\_\_\_\_

Type of Storage (circle one):  MATERIALS  CONTAINER

Type of Materials \_\_\_\_\_ Size of Container: \_\_\_\_\_

Estimated Date of Removal: \_\_\_\_\_

### ADDITIONAL INFORMATION:

1. Property Owner:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Applicant / Individual / Contractor in charge of work at the site:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Firm: \_\_\_\_\_ Town Business License No: \_\_\_\_\_

License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. If Container Storage, complete the following:

Container Supplier: \_\_\_\_\_ Phone (required): \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **NOTICE:**

Any questions regarding Storage Permits, please call Eric Christianson, Senior Engineering Inspector, at (408) 354-6824. All Storage in the Public Right-of-Way requires a Storage Permit. It may take up to 10 working days to process this application.

### **SIGNATURE OF OWNER (REQUIRED):**

\_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **SIGNATURE OF APPLICANT (IF OTHER THAN OWNER):**

\_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **FOR OFFICIAL USE ONLY:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

## STORAGE CONTAINER REMOVAL LOG

---

FOR OFFICIAL USE ONLY:

Date Removal Inspection Requested: \_\_\_\_\_

Site Inspected by:

\_\_\_\_\_  
Inspector Date: \_\_\_\_\_

Refund Request sent to Finance:

By: \_\_\_\_\_ Date: \_\_\_\_\_

FOR CONTAINERS NOT VOLUNTARILY REMOVED:

Removal Letter Sent:

By: \_\_\_\_\_ Date: \_\_\_\_\_

“Remove By” Date: \_\_\_\_\_

Site Inspected by:

\_\_\_\_\_  
Inspector Date: \_\_\_\_\_

Supplier Notified to Remove:

By: \_\_\_\_\_ Date: \_\_\_\_\_

“Remove By” Date: \_\_\_\_\_

Site Inspected by:

\_\_\_\_\_  
Inspector Date: \_\_\_\_\_

Date Bill Received: \_\_\_\_\_

Date Payment Authorized: \_\_\_\_\_