



TOWN OF LOS GATOS
APPLICATION FOR STORAGE IN PUBLIC RIGHT-OF-WAY

Application Date: _____, _____ Permit No. **ST** _____

Property Address: _____ APN: _____ - _____ - _____

Location of Storage (if not at address frontage): _____

Type of Storage: **MATERIALS** **CONTAINER** Estimated Date of Removal: _____ / _____ / _____

Type of Materials: _____ Size of Container: _____

ADDITIONAL INFORMATION:

1. Property Owner:

Name: _____ E-mail: _____

Address: _____ Phone: _____

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: _____

City: _____ State: _____ Zip: _____

3. If Container Storage, complete the following:

Container Supplier: _____ Phone (required): _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE NOTE:

Please call Eric Christianson, Engineering Inspector, at (408) 354-6824 with any questions regarding Storage Permits. All storage in the public right-of-way requires a Storage Permit. (It may take up to 10 business days to process the 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: _____