

CITY OF SALISBURY

Department of Infrastructure & Development
125 N. Division St., Rm. #202
Salisbury, MD 21801
Ph: 410-548-3130 Fax: 410-548-3107
www.salisbury.md

Permit #: _____
Application Date: _____

TEMPORARY TRAILER PERMIT APPLICATION

APPLICANT INFORMATION

Applicant(s): _____
Temp. Trailer Location: _____

Contact Name (if different from Applicant): _____
Contact Ph: _____ Email: _____

PROPERTY OWNER INFORMATION

Owner(s) Name: _____ Owner(s) Ph: _____
Owner(s) Address: _____

PROPOSED USE

Please provide proposed use of trailer and number of occupants: _____

Dates Requested: From _____ To _____ # OF MONTHS: _____

NOTE: A fee of \$25.00 per month is required. Payment is due at time of application. Once application has been approved by either the City Building or Zoning Official your permit will be electronically mailed. Please provide a valid email address in order to ensure accuracy.

Applicant's Signature: _____ Print Name: _____

Applicant's Email: _____ Phone: _____

FOR OFFICE USE ONLY

PERMIT FEE: _____

DATE PAID: _____

CASH/CHECK # _____

ISSUED DATE: _____

Approval

Denial

Director/Zoning Administrator