

# CITY OF SALISBURY

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