



TOWN OF SAUGUS
INSPECTIONAL SERVICES DEPARTMENT
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

Inspectional Services Department

*Telephone: (781) 231-4115
(781) 231-4116*

**TOWN OF SAUGUS
APPLICATION FOR STORAGE TRAILER / CONTAINER PERMIT**

Fee \$ _____
Date Filed _____
Date Issued _____

Property:
Owner _____ Address _____
City / Town _____ State _____
Name Of Business _____
Property Location of Trailer/Container(s) _____
Petitioner/Contractor applying for permit _____
Address _____ City/Town _____ Phone _____
Purpose of Trailer/Container Permit _____
Number of Trailers/Containers _____
Approx. length of time on site _____
(not to exceed 6 months)

Signature of Applicant _____

NOTE: THE FEE IS \$100 A MONTH PER TRAILER. A PLOT PLAN SHOWING THE LOCATION OF THE TRAILER/ CONTAINER (S) IS REQUIRED.

PLEASE REAPPLY FOR A NEW PERMIT IF EXISTING TRAILER PERMIT SHOULD EXCEED THE LENGTH OF TIME STATED ABOVE OR REMOVE SAID TRAILER