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.