




315 Jespersen Ave
 Spruce Grove, AB T7X 3E8
 Phone: 780-962-2611
 Fax: 780-962-1062

STORAGE/WASTE CONTAINER APPLICATION

**Permit is not required if Storage Container is being placed on private property.*

PROJECT LOCATION	
Street Address:	Street Name:
Legal Description: Unit / Lot / Block / Plan or Quarter / Section / Township / Range / Meridian	
/ / / /	

PROJECT DETAILS		
1) Is there a front or rear driveway that the storage container can be placed on?	Yes	No
2) Will the storage container be placed on a City street?	Yes	No
3) What is the size of the storage container?	 _____ ft x _____ ft x _____ ft L W H	
<i>*Note: Maximum width cannot exceed 2.4m (or 8')</i>		
4) Date storage container will arrive?	_____, 20____	
5) Date storage container will be removed?	_____, 20____	

PROJECT DESCRIPTION/REASON FOR SPECIAL CONSIDERATION - REQUIRED



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CONDITIONS OF AGREEMENT

1. Where applicable, all containers must be placed on private property.
2. Containers cannot cover or block adjacent sidewalk.
3. If container is placed on the front street, it should be placed as close to the curb as possible.
4. Containers must maintain a minimum distance of 5m away from all hydrants, intersections and crosswalks.
5. Containers must maintain a minimum distance of 1.5m away from an access to a garage, private road or driveway, or a vehicle crossing over a sidewalk.
6. Maximum time containers are allowed to be placed on City property is 1 month unless approved by the City.
7. Containers cannot be placed on City property between October 15th and May 15th.
8. Any container placed on City streets must have reflective tape on the corners facing oncoming traffic.
9. Container company name and phone number must be provided should the City of Spruce Grove require it be moved.
10. The Applicant (undersigned) acknowledges responsibility for all work associated with the delivery, storage, and removal of the container, including any and all damages to public or private property.

The Applicant hereby agrees to abide by the City of Spruce Grove Traffic Bylaw and all the above noted conditions.

APPLICANT

Applicant Name:		Phone no.:	Fax no./Email:	
Mailing address:	City:	Province:	Postal Code:	
Container Company Name:		Phone no.:	Contact Name:	
<hr/> <i>Applicant's signature</i>		<hr/> <i>Date</i>		

OFFICE USE ONLY

Approved by:	Date Application Received:	Application Period Expiry Date:
<hr/> <i>Signature</i>		<hr/> <i>Date</i>