



**City of Coral Gables  
Development Services Department  
PORTABLE STORAGE UNIT  
PERMIT APPLICATION**

Date: \_\_\_\_\_ Permit no: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Date of installation: \_\_\_\_\_

Size of Unit\* : \_\_\_\_\_ Location of Unit: \_\_\_\_\_

*\*Unit must be less than **one hundred thirty (130) square feet total area, no utilities allowed***

**Owner's Affidavit:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Owner Signature \_\_\_\_\_

Print name \_\_\_\_\_

STATE OF FLORIDA            )

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COUNTY OF MIAMI-DADE    )

Sworn to or affirmed and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_  
by \_\_\_\_\_ who has taken an oath  
and is personally known to me or has produced  
\_\_\_\_\_ as identification.

My Commission Expires:

Notary Public \_\_\_\_\_

**YOU ARE REQUIRED TO POST THE PERMIT ON THE PORTABLE STORAGE UNIT.  
THIS PERMIT IS VALID FOR MAXIMUM OF 7 (SEVEN) CONSECUTIVE DAYS.**

**City Ordinance No. 2005-25.** *There shall be no more than one portable unit per site, no larger than one hundred thirty (130) square feet total area. No portion of the unit shall encroach upon any portion of the right of way and there must be a set-back of a minimum of five (5) feet from any property line. Upon the issuance of a Hurricane Watch by a recognized government agency, all portable storage units shall be removed from the City immediately.*