



9605 NE 24th Street
Clyde Hill, WA 98004
Phone: 425-453-7800
Fax: 425-462-1936
www.clydehill.org

Storage Pod Application and Permit

A permit is required to place a storage pod on your property.

Applicant: _____

Phone: _____

email: _____

Address: _____

Code any appropriate sales tax to the City of
Clyde Hill's Sales Tax Number: 1708

Address:

Clyde Hill, WA 98004

Owner's Name: _____

Phone: _____

Any landscaping or pavement in the City
right-of-way that is disturbed or destroyed by the
transporting and/or placement of the POD must
be restored to the condition that existed prior to the
disturbance as approved by the City.

Date of Placement: _____

Date of Removal: _____

I have attached a map or site plan showing the proposed location of the POD on the site.

The undersigned applicant hereby agrees and promises to indemnify and hold harmless the City of Clyde Hill from any injury to persons or property caused by the negligence of the applicant or its agents. In operating under the authority of any permit issued by the City upon this application, the applicant agrees to be bound by all the terms and conditions set forth in the permit and as provided by all applicable ordinances, including but not limited to CHMC Chapter 8.32.

Signature: _____

Date: _____

Additional Requirements:

Application Fee: \$75.00

Application Date: _____

Receipt: _____

Approved by: _____

Date: _____

Permission is hereby granted by the City of
Clyde Hill to allow a POD to be located on
the referenced property in compliance with
the conditions herein and subject to
compliance with the ordinances of the City.

Permit # _____