



9605 NE 24<sup>th</sup> 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: \$100.00**

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 #** \_\_\_\_\_