



*City of Beacon
Building Department
1 Municipal Plaza, Suite 4
Beacon, NY 12508
Tel: 845-838-5020 Fax: 845-838-5026*

Building@cityofbeacon.org

APPLICATION FOR TEMPORARY STORAGE PERMIT FOR UNLICENSED OR UNREGISTERED MOTOR VEHICLES

*Chapter 209-3C of the City Code of the City of Beacon Addresses Temporary Storage Permits
Please review this chapter of the code before filling out this application form.*

1. This application must be completely filled in and submitted to the Building Inspector.
2. A permit does not allow for work on the vehicle at the storage location. All work must be done in a fully enclosed garage according to the City Code.
3. *The permit can only be issued to an occupant upon application of the real property owner.*
4. Vehicle must be on an approved driveway. Please provide a sketch or on the back of this sheet where the vehicle will be stored in relation to the house, any garage and the abutting streets. Also attach a picture of the proposed storage location.

OWNER INFORMATION

Property Address (location where vehicle will be stored): _____

Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

I, the undersigned, am the owner of the above property. I understand that this permit, if issued, is only for the dates above. The City Administrator may revoke it, if in his/her discretion, such revocation will safeguard the public health, convenience and general welfare. I also certify that the vehicle will not fall under the term junked vehicle as defined in section 209-2.

Owner Signature _____ Date: _____

See reverse side

Occupant/Vehicle Owner.

Name of Occupant/Vehicle Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Address where vehicle will be stored: _____

Period of time vehicle will be stored (not more than twelve months):

From Mo ___ Da ___ Yr ___ to Mo ___ Da ___ Yr ___

Description of vehicle: _____

Make Model Color Year

Registered: ___yes___no

License Plates: _____

For office use only:

PERMIT FOR TEMPORARY STORAGE to above named occupant is:

_____ granted for period. From Mo ___ Da ___ Yr ___ to Mo ___ Da ___ Yr ___

Under the following conditions: _____

_____ denied. Reason denied: _____

Signature _____ Date: _____

Permit fee: \$50.00

Please return all completed applications:

Building Department, One Municipal Plaza, Beacon, NY 12590