



## **Portable Storage Unit Application**

**For the property located at:**

\_\_\_\_\_

**FEE: \$20.00 (non-refundable)**

**Date** \_\_\_\_\_

**Application #** \_\_\_\_\_  
(Staff Use)

**Project Title** \_\_\_\_\_

**Property Owner Full Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Parcel #:** \_\_\_\_\_

**What is the reason for this request? Use an additional sheet if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any portable storage container greater than or equal to two hundred (200) square feet is considered an accessory building and requires a separate building permit in addition to a portable storage container permit.**

**Do you need a building permit (Check the box that applies)**

☐ **Yes**

☐ **No**

**Container Information**

**Type of Container (Check the box that applies)**

☐ **Metal Shipping container**

☐ **Semitrailer/Trailer**

☐ **Box from Delivery Truck**

**Dimensions of Container**

**Length Feet:** \_\_\_\_\_ **Width Feet:** \_\_\_\_\_

**Height Feet:** \_\_\_\_\_ **Total Square Footage: Sq Feet** \_\_\_\_\_

**Proposed Location:**

**Property Address, City, State, Zip** \_\_\_\_\_

**Zoning Type: Zoning Map Link at Top of Page** \_\_\_\_\_

**Placement Area:**

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**Do you currently have any other storage containers on the property? (Check the box that applies)**

☐ **Yes**

☐ **No**

**If yes, please list sizes:**

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Permit Type: (Check the box that applies)

- ☐ Temporary (Construction Site, Less than 8 months)
- ☐ Permanent R1 ,R2, or C2 Zone
- ☐ Permanent C1, I1, or A1 Zone
- ☐ Permanent C1, or I1 Zone with Residential Purposes

**Utilities Connection**

Are there any intentions to connect any utilities to the storage container?

- ☐ Yes
- ☐ No

**Regularity Compliance Checklist:**

**Please confirm that the following criteria are met by initialing each statement**

\_\_\_\_\_ Placement: The container will not block traffic or interfere with public safety.

\_\_\_\_\_ Identification: All prior identifying markings have been removed

\_\_\_\_\_ Advertising: Advertising will comply with the sign ordinance and promote the commercial entity on the same lot.

\_\_\_\_\_ Aesthetic Compliance: The container will match the decor of the building on the lot or will be hidden by the fence.

\_\_\_\_\_ Axle Removal (if applicable): Axles of semitrailers/trailers used as containers will be removed.

\_\_\_\_\_ Setback Compliance (for residential zones): The container size complies with the maximum allowed dimensions for the applicable zone.

\_\_\_\_\_ Maximum Size: The container size complies with the maximum allowed dimensions for the applicable zone.

**Acknowledgments: Please confirm the following by initialing each statement**

\_\_\_\_\_ I confirm that no human occupation of the container will occur.

\_\_\_\_\_ I understand that no modular homes, house trailers, vehicles, or camp trailers can be used for storage.

\_\_\_\_\_ I acknowledge that all existing non-compliant containers will be removed at my expense.

Signature\_\_\_\_\_Date\_\_\_\_\_

Print Signature\_\_\_\_\_

**Monticello City Office Use Below**

Permit #\_\_\_\_\_

Approved By\_\_\_\_\_Date Approved\_\_\_\_\_

**Additional Requirements**

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\*Meets all building permit/code requirements outside of the  
conditional use permit

01/2026

\*Current property owner must sign application (see back/next page)

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