

*City of McMinnville,*  
*Planning & Zoning Department*  
101 East Main, McMinnville, TN 37110  
(931) 473-1204 Fax (931) 473-6231

Permit #: \_\_\_\_\_  
Received: \_\_\_\_\_

APPLICATION FOR  
**TEMPORARY STORAGE**  
PERMIT

Date: \_\_\_\_\_

PERMITTEE: \_\_\_\_\_

**1. DESCRIPTION OF USE OF TEMPORARY STORAGE:**

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

**2. DURATION (60 DAYS MAX.):** \_\_\_\_\_

**3. SQUARE FOOTAGE:** \_\_\_\_\_

**4. LOCATION OF CONSTRUCTION**

Street #: \_\_\_\_\_ Prefix: \_\_\_\_\_ Street Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is this property within the city limits?  No  Yes Zoning: \_\_\_\_\_

Parcel ID #: CtrlMap: \_\_\_\_\_ Grp: \_\_\_\_\_ Parcel: \_\_\_\_\_ Example: 089 A 030.22

For information on your Parcel ID #, please visit <http://www.assessment.state.tn.us>

If this property is part of a parent parcel that has not been assigned a Parcel ID #, please use the parent parcel's ID #.

**5. OWNER FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

Street #: \_\_\_\_\_ Prefix: \_\_\_\_\_ Street Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

City: \_\_\_\_\_ State: TN ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**6. OWNER SIGNATURE:** \_\_\_\_\_

**7. PERMIT FEES**

Permit Fee Total: \$22.00

PLEASE MAKE CHECK PAYABLE TO CITY OF MCMINNVILLE

**SITE PLAN FORM**  
City of McMinnville, Tennessee  
Planning & Zoning Department

**INSTRUCTIONS:**

- Sketch your site plan below (do not tape or staple to this form)
- Show location of temporary storage facility
- Show property lines and dimensions
- Indicate north direction
- Locate all existing and proposed new buildings with dimensions to property lines
- Show the location and names of street(s) and location of existing or proposed access
- Show septic field (if applicable)
- Indicate location and dimensions of all easements

Date: \_\_\_\_\_ Address: \_\_\_\_\_  
Completed by: \_\_\_\_\_

