

WCHOA Request for POD Moving & Storage Approval

Name and Contact Information (Including Cell Phone & Email Address):

Name: _____ Phone #: _____ email: _____

Address requesting approval: _____ Lot#: _____

Reason for Storage POD: _____

Storage Company: _____

Storage Co. Phone Number: _____

Advise placement of Storage: Driveway or exact parking space location (Circle one)

Date Storage will be placed: _____

Date Storage will be removed: _____

Please be advised that our Storage/POD Approval does not negate the need for municipal or other governmental approvals and permits. Please call #215-357-7300 for Lower Southampton Township's permit requirements.

Approved by: _____ Date: _____