



Miami **S**hores **V**illage
Building Department

10050 N.E.2nd Avenue
Miami Shores, Florida 33138
Tel: (305) 795.2204
Fax: (305) 756.8972

POD PERMIT

PERMIT NUMBER: _____

Applicant's Name: _____

Address: _____

Date From: _____ to: _____

- Storage container to be placed on applicant's property.
- May not block sidewalk or right of way.
- No more than 16 consecutive days shall be permitted for any POD or storage container.

AMOUNT DUE: \$5.00