



SHIPPING CONTAINER PERMIT APPLICATION
CITY of CAPE GIRARDEAU

DEVELOPMENT SERVICES DEPARTMENT, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703 (573) 339-6327

Property Address/Location

Applicant		Property Owner of Record <i>(if other than Applicant)</i>	
Mailing Address	City, State, Zip	Mailing Address	City, State, Zip
Telephone	Email	Telephone	Email
Contact Person <i>(If Applicant is a Business or Organization)</i>		<i>(Attach additional owners information, if necessary)</i>	
Business Supplying Shipping Container <i>(if other than Applicant)</i>		Zoning District	
		Date(s) Shipping Container(s) will be on the Property From _____ To _____	
Mailing Address	City, State, Zip	Description of Shipping Container(s), including Total Number and Intended Use for each Type <i>(Attach additional sheets, if necessary)</i> ALSO ATTACH A SITE PLAN SHOWING LOCATION(S)	
Telephone	Email		
Contact Person			

CERTIFICATIONS

The undersigned hereby certifies:

1. They are the Property Owner(s) of Record for the property described in this application;
2. They have read and understand the attached shipping container regulations; and
3. They acknowledge they are legally responsible for ensuring the use or keeping of shipping containers on the property is in compliance with the shipping container regulations.

 Property Owner of Record Signature and Printed Name Date
(Provide additional owners signatures and printed names in the space below, if applicable)

The undersigned hereby certifies they are an agent duly authorized by the Property Owner(s) of Record to file this application on their behalf, and the Property Owner(s) of Record hereby agree to the above certifications.

 Applicant Signature and Printed Name Date

OFFICE USE ONLY		
Date Received & By _____	MUNIS Application No. _____	Date Approved & By _____

CITY OF CAPE GIRARDEAU SHIPPING CONTAINER PERMIT APPLICATION INFORMATION SHEET

Please read this information sheet in its entirety.

Development Services recently launched digital plan review. To take advantage of this service, email your completed application form to eplans@cityofcape.org; include a list of consultants who need view access to this project (name, company and email address). You will receive email notification to upload the supporting documentation. No paper submittal is required, but one set of plans will need to be printed after approval for the jobsite. For more information, visit www.cityofcape.org/eplans. There is no additional fee for digital plan review.

Conditions for shipping container placement:

1. The address of the lot on which the shipping container is located.
2. The name, address and telephone number of the owner of the lot.
3. A site plan accurately depicting the lot, indicating the location of the dumpster in relation to existing buildings, fences, retaining walls, and setbacks and easements.
4. Shipping containers are subject to the following requirements. Refer to the City of Cape Girardeau’s code of ordinances, section 30-402:

One (1) or more shipping containers used for:	Short term – Twelve (12) consecutive months or less	Long term – More than twelve (12) consecutive months
Principal Use (Excluding dwelling)	Special Use Permit required in AG, AG-1, RE, NC, C-1, C-2, M-1, M-2, and A-1 district; prohibited in all other districts	Special Use Permit required in NC, C-1, C-2, M-1, M-2, and A-1 districts; prohibited in all other districts
Accessory Use (Excluding dwelling)	Permitted by right in all districts (per property)	Special Use Permit required in all districts
Accessory Use to a construction project	Permitted in accordance with Section 30-406(b)(1)	Permitted in accordance with Section 30-406(b)(1)
Dwelling	Prohibited in all districts	Prohibited in all districts

5. Once all shipping containers have been removed from a property, no shipping container shall be placed back on such property for a period of six (6) consecutive months unless a Special Use Permit is first obtained.