

APPLICATION FOR DUMPSTER PERMIT

PERMIT #

Where will dumpster be placed	
Reason for Dumpster	

PERSON/COMPANY REQUESTING DUMPSTER				BLOCK: _____	LOT: _____
Name:		Contact Person:			
Street Address:					
City:		State:		Zip:	
Phone:		24 Hour Contact #			
Date of Delivery:		Duration, 30 days max			

OWNER OF CONTAINER					
Company Name:		Contact Person:			
Street Address:					
City:		State:		Zip:	
Phone:		24 Hour Contact #			
DEP SOLID WASTE #					

OWNER OF PROPERTY					
Name:		Contact Person (if Company):			
Street Address:					
City:		State:		Zip:	
Phone:		24 Hour Contact #			

Signature of Applicant: _____ Print Name: _____

TO BE COMPLETED BY TOWNSHIP OFFICIAL			
Insurance Requirements of \$250,000 with "Township of Robbinsville" named as additional insured (attach copy)	Date:		Initials:
Police Dept. Review (on street only)	Date:		Initials:
Recommendations:			
Fee (\$25) Received by		Date Permit Issued	
Payment Type:	Ck#	Permit Expiration	

Copy: Construction Office
Police Department