

Chalfant Borough
Dumpster Application

APPLICANT

Name: _____ Date: _____

Address: _____

Phone No: _____ Alt Phone: _____

DUMPSTER

Location requested: (street address) _____

Dumpster to be placed on: _____ street _____ alley _____ sidewalk _____ other

Size of Dumpster: _____ Number of units: _____

Contact Number for dumpster company or PPD service: _____

REASON FOR REQUEST

Type of project: _____

Length of time Permit needed: _____

By signing, applicant agrees to comply with the Borough's dumpster ordinance and agrees to comply with all other borough ordinances and applicable regulations.

Signature of Applicant: _____

Printed name: _____

BOROUGH USE ONLY

Conditions: _____

_____ Approved Rejected _____ Fee paid \$ _____ Cash _____ Check # _____

BCO/Code Enforcement

Date