



APPLICATION FOR DUMPSTER PERMIT

PERMIT #	
----------	--

Where will dumpster be placed	
Reason for Dumpster	

PERSON/COMPANY REQUESTING DUMPSTER				
Name:		Contact Person:		
Street Address:				
City:		State:		Zip:
Phone:		24 Hour Contact #		

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 Received (\$25) by	Date Permit Issued		
Payment Type:	Ck#	Permit Expiration	

Copy: Construction Office
Police Department