

SPECIAL USE PERMIT

DUMPSTER L.L. 2-2019

Name _____

Date _____

Physical Address _____

Phone _____

Mailing Address _____

Cell _____

City/State/Zip _____

Name of Service _____

Phone _____

Annual 30 Day Temporary Dumpster Other _____

Type of Dumpster _____

Size _____

Location on property _____

Reason for request _____

Commercial Use Residential Use Construction Other _____

60 day temporary Dumpster Permit included with Building Permit

Office Use:

Property Tax ID _____

Zone _____

Payment \$ _____

Date _____

Officer _____

Annual Special Use Permit Required Expiration Date _____

