

WESTAMPTON TOWNSHIP
Application for Dumpster/Pod Permit
PERMIT # _____

Location of Dumpster/Pod _____

Reason for Dumpster/Pod _____

PERSON / COMPANY REQUESTING DUMPSTER/POD:

Name: _____ Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ 24 Hour Contact #: _____

OWNER OF CONTAINER:

Name of Company: _____ Contact Person: _____

Address: _____

City/State/Zip: _____

Phone #: _____ 24 Hour Contact #: _____

D.E.P. SOLID WASTE #: _____

OWNER OF PROPERTY:

Name: _____ Contact Person (if company): _____

Address: _____

City/State/Zip: _____

Phone: _____ 24 Hour Contact #: _____

Signature of Applicant _____ Print Name _____

TO BE COMPLETED BY TOWNSHIP OFFICIAL:

Zoning approval (In Driveway) Date _____ Initials _____

Police Department Review (on street only) Date _____ Initials _____

Recommendations: _____

Fee Received (\$25.00) by _____ Date Permit Issued: _____

Permit Expiration: _____

Copy: Construction Office
Police Department