

**Municipality of Lower Southampton Township**

**County of Bucks**

Permit Number: \_\_\_\_\_

## **Dumpster Permit**

Permit Fee: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDRESS of PROPOSED WORK or IMPROVEMENT** \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Email Address of Owner: \_\_\_\_\_

Name of Applicant: (if different) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dumpster Company: \_\_\_\_\_

Dumpster Size: \_\_\_\_\_ Length of Time: \_\_\_\_\_

Location of Dumpster on Site: \_\_\_\_\_

Reason for Dumpster: \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

No Dumpster is allowed in the street.

This Permit expires in 3 months

After 3 months you must reapply for a new permit.

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

