



City of Beaver Falls

Code Enforcement & Zoning Office
715 Fifteenth Street, Beaver Falls, PA 15010
Office: (724) 847- 2808 Ext. 200
Fax: (724) 847-4748
www.beaverfallspa.org

*Dumpster Permit
Application*

I. PROPERTY ADDRESS: _____ Date: _____

II. PROPERTY TYPE: Commercial/ Industrial Residential

III. DUMPSTER LOCATION: On Property On Street **with** parking meters On Street **without** parking meters

IV. TIME PERIOD FOR DUMPSTER PLACEMENT: _____ Days (Not to exceed 30 Days) Renewal

V. SIZE OF CONTAINER: _____

VI. PROPERTY OWNER:

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: () _____ CELL PHONE: () _____ FAX: () _____

Will the Applicant be the point of contact for City correspondence about this plan?
If no, provide name and contact information for the point of contact. Yes No

VII. APPLICANT:

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: () _____ CELL PHONE: () _____ FAX: () _____

VIII. CONTAINER/ SUPPLIER/HAULER:

ADDRESS: _____

CITY, STATE, ZIP: _____

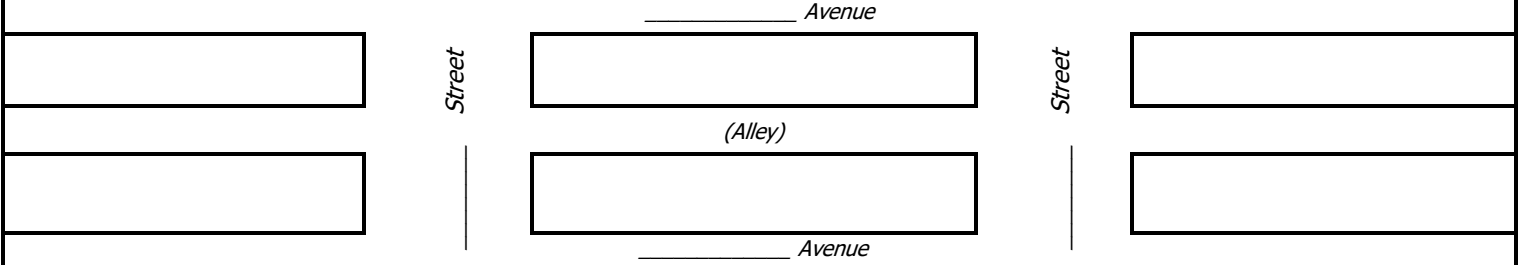
DAYTIME PHONE: () _____ CELL PHONE: () _____ FAX: () _____

IX. REASON:

X. REQUIREMENTS:

1. No container is permitted on public sidewalks.
2. Container must bear reflective markings such as cones, barrels with flashers, or reflectors/flashers on outside corners facing oncoming traffic.
3. Container must be no less than 15 feet from nearest intersection.
4. Applicant and Hauler are responsible for street damage

INDICATE (X) THE PLACEMENT OF CONTAINER (WHAT STREET, AVENUE OR ALLEY):



I hereby certify that the proposed work is authorized by the owner of record and that I agree to conform to all applicable laws of this jurisdiction. I understand that any falsification could lead to denial or criminal penalties, or revocation of any permit pursuant to this application. Failure to comply with provisions set forth in Ordinance 1927 regarding the placement and care of waste dumpsters and storage of will cause this permit to be revoked and/or filing of criminal charges necessary to provide compliance.

Applicant - Print _____ Applicant - Signature _____ Date _____

II. VALIDATION: (OFFICE USE ONLY)

ACTION: APPROVAL DENIAL

SIGNATURE OF REVIEWER *TITLE* *DATE*

APPROVAL BY POLICE DEPARTMENT: _____

 SIGNATURE DATE

- FEE TYPE:
- 1. \$30.00 PER UNIT, PER WEEK
 - 2. \$350.00 PER 4 MONTH PERIOD
 - 3. \$100.00 PER UNIT, PER MONTH
 - 4. \$10.00 PER METER, PER DAY

SUMMARY OF FEES		Comments:
NUMBER OF DAYS:		
NUMBER OF METERS:		
x \$10.00/DAY:		
PERMIT FEE:		
TOTAL PERMIT FEE:		
DATE PAID:	/ / 20__	
PERMIT NO:		