

TOWN OF EGREMONT
APPLICATION FOR DUMPSTER AND ROLL-OFF CONTAINER
PERMIT

(Pursuant to Section 31B and 122 MGL111, 105 CMR 410.00, and the Rules and Regulations Governing the Use of Dumpster and Roll-off Containers for the Storage of Garbage, Refuse, Hazardous Waste, and/or Construction and Demolition Waste of the Egremont Board of Health)

Date_____

Application is hereby made for a permit to maintain a dumpster or roll-off container on property, as listed below, in accordance with the Rules and Regulations of the Board of Health.

Check whether permit is for:

Residential Use Commercial Use

Estimated date of delivery of dumpster/roll-off:_____

Estimated removal date:_____

(Note: If dumpster is delivered and removed within seven (7) days permit is not required)

Name of Property Owner: _____

Applicant for permit:_____Tel. No._____

On bottom half of this form, please sketch an outline of property, showing the proposed location of dumpster/roll-off. Give distance from dumpster to other buildings and lot lines or boundaries. Use back side of this application if additional space is needed.

Return this application with fee of \$25 to: Board of Health, Egremont Town Hall, P.O. Box 368, South Egremont, MA 01258

Official Use Only:

Application reviewed by:_____

Payment Received:_____

Permit Number:_____

Dumpster/Roll-off will be removed no later than:_____