



# *Borough of Lake Como*

1740 Main Street, P.O. Box 569 ♦ Lake Como, New Jersey 07719-0569  
(732) 681-3232 ♦ Fax (732) 681-8981

## APPLICATION FOR DUMPSTER PERMIT

**\*\*\*A PERMIT IS NEEDED FOR THE PLACEMENT OF ANY DUMPSTER OR ROLL-OFF CONTAINER ON A BOROUGH STREET, ROAD OR PUBLIC RIGHT-OF-WAY\*\*\***

A copy of the Borough Ordinance No. 2004-749 is attached to this application. Before completing the application, please read it in order to familiarize yourself with the requirements. This application must be completed in full and returned to the office of the Business Administrator/Borough Clerk before a permit is issued and a dumpster or roll-off container is placed at curbside on any Borough street, road or right-of-way.

The application requires the review, approval and signature of the Chief of Police and/or his/designees before it can be processed. A dumpster or roll-off container may be placed at curbside for a period of not more than fifteen (15) calendar days. The initial permit may be renewed, but not more than four (4) consecutive renewals. There is a \$10.00 processing fee for this application and for each permit renewal.

1. Name of applicant: \_\_\_\_\_

2. Applicant's address: \_\_\_\_\_  
\_\_\_\_\_

3. Location of dumpster, if other than in front of the street address noted above:  
\_\_\_\_\_  
\_\_\_\_\_

4. Size of dumpster in cubic yards: \_\_\_\_\_

5. How many days will the dumpster be located on the street or public right-of-way? \_\_\_\_\_

6. Specify the dates the dumpster will be on the street or in the public right-of-way:

From: \_\_\_\_\_ To: \_\_\_\_\_

7. If a contractor will be performing the residential or commercial building improvements, list the name, address, telephone and fax numbers of the contractor:

A. Name \_\_\_\_\_

B. Address \_\_\_\_\_

C. Phone Number \_\_\_\_\_

D. Fax \_\_\_\_\_

8. Provide the name and address and phone and fax numbers of the company supplying the dumpster:

A. Name \_\_\_\_\_  
B. Address \_\_\_\_\_  
C. Phone Number \_\_\_\_\_  
D. Fax Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_  
Date Signed \_\_\_\_\_  
Print name of Applicant \_\_\_\_\_

**\*\*\*\*\*For Office Use Only\*\*\*\*\***

Date application received: \_\_\_\_\_

Processed by: \_\_\_\_\_ Fee paid on: \_\_\_\_\_

Receipt of Certificate of Insurance provided: YES ( ) No ( )

Date Disapproved/Denied by Police Chief or designee: \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature of Police Chief and /or designee: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

**RENEWAL INFORMATION**

R1 - Signature of Chief: \_\_\_\_\_ Date of issue \_\_\_\_\_ Permit No. \_\_\_\_\_

R2 - Signature of Chief: \_\_\_\_\_ Date of issue \_\_\_\_\_ Permit No. \_\_\_\_\_

R3 - Signature of Chief: \_\_\_\_\_ Date of issue \_\_\_\_\_ Permit No. \_\_\_\_\_

R4 - Signature of Chief: \_\_\_\_\_ Date of issue \_\_\_\_\_ Permit No. \_\_\_\_\_