

# Borough of Somerville

## DUMPSTER PERMIT APPLICATION

(Ordinance# 2417-13-0506)

### Applicant Info:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Certificate of Insurance:** A copy of the certificate must accompany this application.

If the homeowner is the applicant: \$500,000 coverage is required.

If the dumpster provider is the applicant: \$1,000,000 coverage is required.

**Dumpster Provider:**  Not applicable- Same as applicant

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Location of Dumpster

Work Site Address: \_\_\_\_\_

Size of Dumpster  10CY  20CY  30CY  Other: Specify \_\_\_\_\_

Will the dumpster be in metered spaces?  Yes  No

Date the dumpster will arrive \_\_\_\_\_ removed by \_\_\_\_\_

**By signing this application I am certifying I was provided a copy of Ordinance # 2417-13-0506, and have provided a copy of my Certificate of Insurance in the amount required above.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **For Official Use**

Fee: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100	Method of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected- Reason _____		
Reviewing Official: _____	Date: _____		