

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

APPLICATION FOR DUMPSTER PERMIT

Pursuant to Section 31A, Chapter 111 of the General Laws of the Commonwealth of Massachusetts and the Rules and Regulations of the Easton Board of Health

Please print in ink or type

Date _____

Name of Applicant _____

Location of Dumpster _____ Street

_____ (Town), MA Zip Code _____

Telephone Number _____

Mailing Address (If Different) _____

Owner of Property _____

Address _____

Type of Permit: () Residential () Commercial () 30 Day Temporary () 1 Year

Number of Rubbish Dumpsters _____ Number of Recycling Dumpsters _____

Name of Company Servicing Dumpster: _____

Address: _____

Telephone: _____

Please sketch an outline of property showing the location of all dumpsters. Give distance to buildings and lot lines. Use the back of the application if additional space is needed or attach site plan.

All permits expire at the end of the calendar year.

Please return this application with \$100.00 fee for each Rubbish Dumpster (\$15.00 for 30 Day Temporary), payable to the Town of Easton.

OFFICE USE ONLY

COMMENTS

_____ *Fee*

_____ *Location of Dumpster*

Office Initial – Appl. Complete _____