



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:

[Courtesy of www.DomesticDumpsters.com](http://www.DomesticDumpsters.com)

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. _____