

Shoemakersville Borough

115 E.9th St.

Shoemakersville, PA 19555

(610)562-8030 ph (610)562-4950 fax

www.shoeyboro.org

Dumpster/POD Pre-Authorization Form

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Dumpster Facility Owner's Name: _____

Dumpster Facility Owner's Address: _____

Dumpster Facility Owner's Phone Number: _____

Location of Proposed Dumpster or POD: _____

What is the size of the dumpster or pod? _____

Dumpster or pod may be on site for 30 days, however you may request up to two 30-day extensions.

Date the dumpster/POD will be on site: _____

Is an extension requested and for how long? _____

NOTE: This permit is contingent upon all work being in compliance with Borough Ordinance.

The dumpster/pod owner and or lessor shall be responsible for any damage that occurs within the road right-of-way as result of the placement of such dumpster or pod. A copy of the certificate of insurance covering the dumpster/pod owner or lessor shall be on file in the Borough Office prior to the placement of such dumpster or pod.

The Applicant certifies that all the information given is correct and that all Borough Ordinances will be complied with.

Applicant Signature _____ Application Date _____

Application Approved: Yes No

Reason for Denial of Application _____

Signature _____ Review Date _____ Permit Fee _____