



# UPPER MACUNGIE TOWNSHIP DUMPSTER PERMIT & PORTABLE STORAGE UNITS IN STREET RIGHT OF WAY APPLICATION

Rcv'd Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Issue Date: \_\_\_\_\_

SEE OTHER SIDE FOR ORDINANCE 2019-19 REQUIREMENTS. PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_

### PROPERTY OWNER OF CONTAINER LOCATION:

NAME: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

By signing below, you are certifying that you will comply with all permit conditions (see reverse) as stated in Upper Macungie Township's ordinance 2019-19, and that failure to comply with the conditions of the permit will result in revocation thereof.

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

### HAULER INFORMATION:

HAULER NAME: \_\_\_\_\_

HAULER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HAULER PHONE: (     ) \_\_\_\_\_

### GENERAL INFORMATION:

EXPLAIN SPECIAL CIRCUMSTANCES REQUIRING PLACEMENT AT THIS LOCATION:

ON STREET (Y/N): \_\_\_\_\_ IN RIGHT OF WAY (Y/N): \_\_\_\_\_

LOCATION ON PROPERTY  
(SIDE, REAR, FRONT): \_\_\_\_\_

SIZE OF CONTAINER (YARDS): \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

HAULER CERTIFICATE OF INSURANCE RECEIVED: \_\_\_\_\_

DATES APPROVED FOR PLACEMENT: \_\_\_\_\_ TO \_\_\_\_\_