



UPPER MACUNGIE TOWNSHIP
DUMPSTER PERMIT & PORTABLE
STORAGE UNITS IN STREET
RIGHT OF WAY APPLICATION
(Pre-Payment of \$50.00 Required)

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

Permit Conditions: _____

Zoning Official: _____ Date: _____



UPPER MACUNGIE TOWNSHIP
8330 Schantz Rd
Breinigsville, PA 18032

(610) 395 - 4892

FAX (610) 395 - 9355

AS-BUILT (SITE PLAN) REQUEST

Date of Request: _____

Name of Requester: _____

Property Address: _____

Phone Number: _____

E-mail Address: _____

For Official Use ONLY

Date Received: _____

Permit # _____

Date Applicant Notified for Pick-Up: _____