

BOROUGH OF SINKING SPRING

3940 Penn Avenue Sinking Spring PA 19608

610-678-4903

Application for Dumpster/Private Hauler Permit

Business Name _____

Property Location _____

Owner's Name _____

Address _____

Owner's Phone # _____ Cell # _____

Hauler's Name _____

Hauler's Address _____

Hauler's Phone # _____ Cell # _____

Container Size _____ Container Purpose _____

Temporary Dumpster Use _____ Permanent Dumpster Use _____

Start Date _____ End Date _____

Container Location: Street _____ Sidewalk _____ Alley _____ On Site _____

Front of Property _____ Rear of Property _____ Side of Property _____

*Payment is due upon receipt.

*Permits will be mailed to the business address.

Signature of Applicant

Date

Official use only _____

Permit Approved _____ Date _____

Permit Denied _____ Date _____

Permit Number _____ Fee \$50.00 Year _____

Zoning District _____