

BOROUGH OF CRAFTON
100 Stotz Avenue, Crafton, PA 15205
Phone 412.921.0752 Fax 412.921.4158
www.crafton.org

PERMIT APPLICATION

DUMPSTER ROLL-OFF CONTAINER BAGSTER-TYPE CONTAINER STORAGE POD

I (We) hereby make application for a Permit in accordance with the Crafton Borough Code of Ordinances, Storage of Solid Waste, Chapter 188-4 Standards for Storage of Solid Waste, Section G. Dumpsters, Roll-Off Containers, Large Bag Type Containers.

TEMPORARY PERMIT (No More than Thirty (30) Days) [] FEE: \$ 20.00

PROPERTY ADDRESS: _____

LOCATION WHERE SUCH CONTAINER SHALL BE PLACED: _____

PURPOSE/USE: _____

Owner(s)/Applicant First Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Last Name:	Home Phone:
		Business Phone:
		Cell Phone:

Property Owner(s) Address, City, State & Zip (If different from Property Address):

<u>TEMPORARY PERMIT</u> – PERIOD: From _____ (# of Days: _____) To _____	*Maximum Period is Thirty (30) Days. Time Period Extensions require Zoning Officer Approval (below)
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Applicants Signature: _____ Print Name of Applicant: _____	Date
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<u>EXTENSION</u> – PERIOD: From _____ (# of Days: _____) To _____	Date Approved: _____	Approved by _____ Reason _____
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***** Borough Use Only, Below this Line *****

Total Paid: _____ **Check No.** _____ **Authorized by** _____

Official Notes:

Police Copy/Date: _____