

City of Sharon On-Street Dumpster Permit

Permi	it No:
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Dumpster MUST be removed by:

(office use only)

Submission: In Person/Mail: 155 W Connelly Blvd, Sharon PA 16146

Fax: (724) 983-1961

Email: kpeterson@cityofsharon.net

Name:			
Address			
City	State	Zip	
Phone	Email		
Section B. Dumpster P	rovider Information		
Name: Company/ Contact	Person		
• •			
	State	Zip	
Address		Zip	
Address		Zip	
Address	State	Zip	
Address City Phone	State Email	Zip	
Address City Phone	State Email	Zip	
Address City Phone Section C. Location Inf	State Email	Zip	
Address City Phone Section C. Location Inf	State Email		

Purpose of dumpster:			-
Timeframe:		(may not excee	d 7 days)
Section D. Requirements			
 The dumpster cannot be demolition materials or Perishable, hazardous of The dumpster may not be with sight lines for motor 	e placed for any purpos for the extensive remov or combustible material pe placed in a manner the prists or pedestrians. placed with cones or ref	e other than collect val of items from a p is may not be place hat is hazardous to flective tape to prev	d in the dumpster at any time. motorists or pedestrians or interferes rent collision or other unsafe conditions.
The applicant must provide pay check in person to the City Adm The permit will not be issued un Section F. Signature	ninistration office at the	address above.	the City of Sharon) or delivering cash or ermit has been received.
_	• •	lge that I have read	and agree to adhere to the requirements
Applicant Name/Signature: _			Date:
	Offic	e Use Only	
Date Application Received		Date Payment Received	
Approved	Not Approved (Reason)	<u> </u>	
Name	Signature		Date