City of Sharon
On-Street Dumpster Permit

Permit No:
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

Section A. **Applicant Information (Property Owner)**

Name:		
Address		
City	State	Zip
Phone	Email	

Section B. **Dumpster Provider Information**

Name: Company/ Contact Person		
Address		
City	State	Zip
Phone	Email	

Section C. **Location Information**

Address: _____

Please describe exact location requested: _____

_____

Reason requesting street or sidewalk placement rather than private property (ex. a yard or driveway):

_____

Purpose of dumpster: _____

Timeframe (dates of drop-off and pick-up) : _____ (may not exceed 7 days)

Section D. **Requirements**

1. The dumpster cannot be placed in a traffic lane of a street. It must be in an existing parking spot.
2. The dumpster cannot be placed for any purpose other than collecting and disposing of construction or demolition materials or for the extensive removal of items from a property.
3. Perishable, hazardous or combustible materials may not be placed in the dumpster at any time.
4. The dumpster may not be placed in a manner that is hazardous to motorists or pedestrians or interferes with sight lines for motorists or pedestrians.
5. The dumpster must be placed with cones or reflective tape to prevent collision or other unsafe conditions.
6. The dumpster cannot remain at the location without being utilized.

Section E. **Fee**: $25

The applicant must provide payment by either mailing a check (payable to the City of Sharon) or delivering cash or check in person to the City Administration office at the address above.
The permit will not be issued until the payment for the full amount of the permit has been received.

Section F. **Signature**

By signing and submitting this application, I acknowledge that I have read and agree to adhere to the requirements listed above and Ordinance 03-25 in its entirety.

Applicant Name/Signature: _____ Date: _____

Office Use Only

Date Application Received		Date Payment Received
Approved	Not Approved (Reason)	
Name	Signature	Date