

UPPER CHICHESTER TOWNSHIP

License & Inspections Department

Ph: 610.485.5719

www.upperchichester.org

Fax: 610.485.3615

Mailing Address:

P.O. BOX 2187

Upper Chichester, PA 19061

Physical Address:

8500 Furey Rd.

Aston, PA 19014

DUMPSTER PERMIT APPLICATION

| PROPERTY OWNER AND BUILDING INFORMATION (location where dumpster/POD/Container will be located) | | | |
|---|--|--------|-------|
| Property Owner or Business Name | | | Phone |
| Street Address | | Apt | Zip |
| | | Zoning | |

** DATES NEEDED: _____ TO _____ **

| TYPE OF UNIT | SIZE OF UNIT | OWNERSHIP |
|--|--------------|--|
| 1 <input type="checkbox"/> Dumpster | _____ | 5 <input type="checkbox"/> Private <small>(Individual, Corporation, Non-profit Institution, etc.)</small> |
| 2 <input type="checkbox"/> POD | | 6 <input type="checkbox"/> Public <small>(Federal, State, or Local Government)</small> |
| 3 <input type="checkbox"/> Container | | |
| 4 <input type="checkbox"/> Other _____ | | |

| PROPOSED LOCATION | REASON | SAFETY EQUIPMENT |
|--|---|--|
| 7 <input type="checkbox"/> Driveway | 11 <input type="checkbox"/> Clean Out | (Must be used when placed on streets.) |
| 8 <input type="checkbox"/> Parking Lot | 12 <input type="checkbox"/> Renovation | 16 <input type="checkbox"/> Reflectors |
| 9 <input type="checkbox"/> Street (abutting nearest curb)* | 13 <input type="checkbox"/> Moving | 17 <input type="checkbox"/> Caution Tape |
| 10 <input type="checkbox"/> Lawn | 14 <input type="checkbox"/> College Student | 18 <input type="checkbox"/> Lights |
| Other: _____ | 15 <input type="checkbox"/> Other: _____ | 19 <input type="checkbox"/> Other: _____ |

*Must provide certificate of insurance along with application naming Upper Chichester Township as an additional insured. Maximum of \$20,000.00 coverage required.

Permits will only be issued subject to the following conditions:

1. Units must be placed on property or street. **NO UNITS ARE PERMITTED TO BE PLACED ON ANY SIDEWALKS.**
2. Units placed on streets **MUST**:
 - a. Be approved by the Fire Marshal prior to delivery.
 - b. Provide certificate of insurance naming Upper Chichester Township as an additional insured. Maximum of \$20,000.00 coverage required.
 - c. Be equipped with safety precautions at every corner of unit.
3. Units are not to obstruct pedestrian or vehicular traffic.
4. The permit holder shall maintain the Unit in a neat and safe manner.
5. Section VII of Ordinance #07-639 states:
 - a. No unit shall be transported, emptied or serviced between 7:00 PM and 6:00 AM Monday through Friday, 7:00 PM and 8:30 AM Saturday and at anytime on Sunday or a legal holiday.
 - b. No unit shall be filled beyond the top and shall be emptied as soon as possible or within 48 hours of notice from the Township.
 - c. When not in use, all containers shall be covered by a lid or tarpaulin or otherwise secure to prevent debris from blowing out of said container
- d. On or before the expiration date of the permit, the permit holder shall remove or cause to be removed the container, unless a renewal permit is obtained.
6. Section VII of Ordinance #07-639 states:
 - a. Containers shall not be placed closer than thirty (30) feet from any intersection, or upon a one-way street, or within fifteen (15) feet of any fire hydrant.

I have read the terms & conditions above. I agree to abide by the conditions stated above. Failure to obtain the terms and conditions above may result in permit being revoked and possible fines.

_____ Initial

Continued on back

ILLUSTRATION



IDENTIFICATION - To be completed by all applicants

| | | |
|------------------|--|-----------------|
| Applicant | <input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor <input type="checkbox"/> Engineer <input type="checkbox"/> Other: _____ | |
| | Name | Mailing Address |
| | Phone No. | |

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

| | |
|------------------------|------------------|
| Signature of Applicant | Application Date |
|------------------------|------------------|