BOROUGH OF GIRARDVILLE

DUMPSTER PERMIT APPLICATION

APPLICANT INFORMATION

- **Applicant Name:** _____
- **Business/Organization (if applicable):** _____
- **Property Address:** _____
- **Phone Number:** _____
- **Email:** _____

DUMPSTER DETAILS

- **Location of Dumpster:**
  ☐ Private Property
  ☐ Public Street or Sidewalk *(Requires additional approval)*
- **Size of Dumpster (in feet):**
  - Width: _____
  - Length: _____
- **Dumpster Provider (Lessor):** _____
- **Dumpster Provider Contact Number:** _____
- **Reason for Dumpster Placement:**
  ☐ Construction/Renovation
  ☐ Demolition
  ☐ Cleanout
  ☐ Other (please specify): _____

PERMIT DURATION & FEES

- **Initial Permit (First 30 Days – No Fee)**
  - Start Date: **_____**
  - End Date: **_____**
- **First Extension (Additional 30 Days - $50 Fee)**
  - Start Date: **_____**
  - End Date: **_____**
- **Second Extension (Final 14 Days - $50 Fee)**
  - Start Date: **_____**
  - End Date: **_____**

☐ I acknowledge that no further extensions will be granted, and the dumpster must be removed within **24 hours** after the second extension expires.

PLACEMENT & SAFETY REQUIREMENTS

1. Dumpsters **must not block public access** or create safety hazards.
2. Dumpsters on **public streets/sidewalks** require Code Officer approval and must have **reflective markings** or **flashing devices** for visibility.
3. Dumpsters must be **covered when not in use** and removed within **24 hours** once full.
4. The **permit number** and **dumpster provider's contact information** must be visible on the dumpster.
5. Placement of dumpsters on **streets/sidewalks** requires a **¾-inch plywood barrier** underneath to prevent damage.
6. **No hazardous waste, perishable waste, or residential trash** may be disposed of in the dumpster.

INSURANCE & INDEMNIFICATION

☐ **Liability Insurance:** I agree to provide proof of insurance listing the Borough of Girardville as an additional insured party.
☐ **Hold Harmless Agreement:** I understand that I am responsible for any damage, injury, or liability resulting from the placement and use of the dumpster.

APPLICANT CERTIFICATION

I,_____, the undersigned, acknowledge that I have read and understood the **Dumpster Ordinance of Girardville Borough** and agree to comply with all regulations. I understand that **violations may result in fines up to $1,000 per offense** and/or permit revocation.

- **Applicant Signature: _____**
- **Date:_____**

FOR BOROUGH USE ONLY

- **Application Received By: _____**
- **Permit Number: _____**
- **Approved By: _____**
- **Approval Date: _____**
- **Fee Paid (if applicable):** $_____