



Dumpster Permit Application

Department of Public Works / Engineering

FOR OFFICE USE ONLY

Permit No.: _____ Permit Issued: _____
 Expiration Date: _____
 Property Address: _____ Permit Fee: _____

Special Conditions: _____

Action: Approval Denial

Signature of Reviewer

Title

Date

Permit Information (Please Print)

Written plan of action from applicant shall include the following:
 Barricades, Lights, Cones, Tape (safety of pedestrians and vehicle traffic)
 Daily cleaning of area
 Containment of debris in dumpster area
 Defined pick-up and removal schedule
 Site Plan
 Compliance with appropriate municipal code requirements

Type of Building Commercial / Industrial Residential

Dumpster Location On Property On Street
(No dumpsters shall be placed upon a sidewalk)

Time Period for Dumpster Placement: Start Date: _____
Finish Date: _____

Container Vendor: _____

Property Owner: _____

Property Owner Address: _____

Contractor / Applicant: _____

Contractor / Applicant Address: _____

Contractor / Applicant Phone No. _____ Fax No. _____

Contractor / Applicant E-mail _____

I hereby certify that this permit is pursuant to work authorized by the owner of record and I am authorized to make this application as the authorized agent and we agree to conform to all applicable laws of jurisdiction. Failure to comply with the provision set forth in the municipal code requirements regarding the placement and care of dumpsters will cause this permit to be revoked and/or the filing of criminal charges necessary to provide compliance.

Signature of Applicant: _____ Date: _____

Cc: Public Works / Streets; Salina Fire Department; Salina Police Department; Salina Downtown; File