



Telephone (508) 580-7175  
Fax (508) 580-7179

**Please Print, Sign and Send form back to BOH, 60 Crescent St., Brockton MA 02301**  
**Temporary Dumpster Application/Permit**

Per Ordinance, a Temporary Dumpster Permit will be issued to a property owner for a roll off or gondola type container for a period not to exceed thirty (30) days in connection with construction, demolitions, fairs, carnivals or other similar temporary needs. Set back and fencing requirements shall be waived for such containers. Said permit may be renewed for an additional thirty (30) days upon application to the Board of Health.

Application Form must be filled out in its entirety. Form not properly filled out with all required information will not be accepted.

**FEE: \$50.00 PER DUMPSTER**

Number: \_\_\_\_\_  
(office use only)

Date: \_\_\_\_\_

Application/Permit for a temporary dumpster is hereby made at the following location:

Location of dumpster: \_\_\_\_\_  
Number Street

Applicant's Information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Property Owner's Information: (if same, write same)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Dumpster Company Information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Type of property: (please check one)  
 Commercial  
 Residential  
 Industrial  
 Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Name (print) Title

\_\_\_\_\_  
Signature Date

\* \_\_\_\_\_  
Signature (BoH Agent) Title Date of Issue