

CITY OF EVERETT
MASSACHUSETTS

HEALTH DEPARTMENT

484 Broadway, Room 20
Everett, MA 02149
(617) 394-2255

STEVE SUPINO
EXECUTIVE DIRECTOR OF
HEALTH & HUMAN SERVICES



BOARD OF HEALTH

SEAN F. CONNOLLY, DPM
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MEMBER

APPLICATION FOR DUMPSTER PERMIT

Pursuant to Chapter 16, Division 2 of the Revised Ordinances of the City of Everett

Application is hereby made for a permit to maintain a dumpster, as listed below, in accordance with the Rules & Regulations of the Ordinances of the City of Everett

Residential Commercial 30 day Temporary = \$50.00 1 Year =\$100.00
Includes Dumpster Bags = \$50.00

Emergency to locate on a Public Way prior to Issuance must be Approved by:

Police Department _____

Engineering Department _____

Fire Department _____

Contractor/Business Name: _____ **Address** _____

Business Phone: _____

Property Owner Name: _____ **Address:** _____

Property Owner Phone: _____

Name/Dumpster Service Company: _____

Describe the exact location of the dumpster: _____

Draw a sketch of location, in respect to Street and Buildings.

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I have received a copy of the City Ordinances, Chapter 16, Division 2 and I agree to abide by the regulations.

Drivers License No. or Fed. I.D. _____ Signature of Applicant _____