



Dumpster/Roll Off Container
Permit Application
10 Reeve Ave
Haddon Township, NJ 08108
856-854-1176 x6266

PLEASE NOTE: INCOMPLETE APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS SUPPLIED.

Property Information:

Street Address: _____

Owner Information

Property Owner Name: _____

Property Owner Address (If different from above): _____

Owner Phone: _____ Cell: _____

Owner Email: _____

Container Information:

Owner of Container: _____

Address: _____

Phone: _____

Email: _____

Location where container will be stored/Placed: _____

**Fee waived for containers placed on private property*

Start Date: _____ End Date: _____

Container must be legally placed, approved and designated by Township authorities, equipped with appropriate reflectors. ***Valid for a period of five days with permit prominently displayed on container or facility. (See article 186-10)***

Fee \$25.00 Cash: _____ Check #: _____ Permit Extension: \$15/5 days

Dumpster Fees: 1-5 days = \$25 6-10 days = \$40 11 -15 days = \$55
 16 – 20 days = \$70 21 -25 days = \$85 26-30 days = \$100

TURN OVER

Authorization:

(Circle One Please): I am the Property Owner/ Contractor/ Tenant/ Other (Specify _____) making this application. I certify that the owner of record has authorized the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

Signature: _____ **Date:** _____

Please see Ordinance #1212 for further clarification regarding fees, fines, deadlines, responsibilities and violations.

PLEASE ALLOW 5 DAYS FOR PROCESSING PRIOR TO START DATE.