



BUILDING DEPARTMENT  
**VILLAGE OF CATSKILL**  
 422 MAIN STREET  
 CATSKILL, NY 12414  
 (518) 943 – 6564  
 (FAX) (518) 943 – 2508

FROM THE OFFICE OF  
 MICHAEL RAGAINI  
 CODE ENFORCEMENT OFFICER  
 BUILDING INSPECTOR  
 NEW YORK STATE:  
 BUILDING CONSTRUCTION CODE  
 MULTIPLE RESIDENCE LAW  
 ENERGY CODE

DUMPSTER APPLICATION

1. NAME OF LICENSEE (BUSINESS)		2. PERSON RESPONSIBLE (IF NOT LICENSEE)		TELEPHONE NUMBER
3. LOCATION OF LICENSED ACTIVITY		4. BUSINESS (BILLING) ADDRESS (IF DIFFERENT FROM LOCATION)		
5. TYPE OF BUSINESS				
6. LICENSE TYPE			FEE	EXPIRATION DATE
DUMPSTER PERMIT ( _____ PER DUMPSTER (S) @ \$20.00 FIRST FIFTEEN DAYS)				
DUMPSTER PERMIT ( _____ PER DUMPSTER (S) @ \$ 5.00 AFTER FIRST FIFTEEN DAYS)				
7. SIZE OF DUMPSTER (S)				
_____ (L) x _____ (W) x _____ (H)				
_____ (L) x _____ (W) x _____ (H)				
8. INFORMATION REGARDING DUMPSTER LOCATION:				
A) Where is (are) the dumpster (s) located? Please mark the number of dumpsters located at each area. <input type="checkbox"/> on sidewalk <input type="checkbox"/> in alley <input type="checkbox"/> in driveway				
B) If you have a dumpster on sidewalk, please fill in the following:				
#1) The dumpster is located on _____ Street between _____ Street and _____ Street. It is _____ feet from the curb line of _____ Street (street on which dumpster is located), and _____ feet from the curb line of _____ Street (the nearest intersection street).		#2) The dumpster is located on _____ Street between _____ Street and _____ Street. It is _____ feet from the curb line of _____ Street (street on which dumpster is located), and _____ feet from the curb line of _____ Street (the nearest intersection street).		

9. APPLICANT CERTIFICATION

*I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to possible revocation of any license issued as a result of my false application and such other penalties as may be prescribed by law.*

*Applicant's signature*

*Date*

FOR OFFICE USE ONLY:

APPROVED

TAX Map # \_\_\_\_\_

REFUSED

Permit # \_\_\_\_\_

SIGNATURE:

CODE ENFORCEMENT OFFICER

DATE :

MONTH / DAY / YEAR