

Application Date: _____

Permit Number: _____

Dumpster Permit

Permit Fee: _____

Lower Southampton Township

1500 Desire Ave. Feasterville, Pa 19053

215-357-7300

Name of Owner: _____ Phone Number: _____

Address of Owner: _____

Tax Parcel #: _____ Email Address of Owner: _____

Name of Applicant: (if different) _____ Phone Number: _____

Dumpster Company: _____

Dumpster Size: _____ Length of Time: _____

Location of Dumpster on Site: _____

No Dumpster is allowed in the street.

This Permit expires in 3 months

After 3 months you must reapply for a new permit.

_____(Signature of Applicant)

_____(Zoning Official)

Approved () Denied () _____