



TOWN OF SALISBURY

BOARD OF HEALTH

JOHN W. MORRIS, DIRECTOR

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SALISBURY TOWN HALL
5 BEACH RD.
SALISBURY, MA 01952

TEL: 978-462-7839
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APPLICATION FOR DUMPSTER PERMIT Fee Due w/application: \$175.00

Application is hereby made for a permit to maintain a dumpster(s) on property located at: _____ in accordance with the rules and regulations of the Board of Health.

Check use:

() Residential () Commercial () 30 Day Temporary () Annual

Applicant Name: _____

Address: _____

Tel.: _____ Cell: _____ Email: _____

Owner Name: _____

Address: _____

Tel.: _____ Cell: _____ Email: _____

Federal ID #: _____

Name of Dumpster Company: _____

Address: _____

Contact Name: _____ Tel.: _____

On the back of this form, please sketch an outline of property, showing the proposed location of the dumpster(s). Give distance from dumpster to other buildings and lot lines or boundaries. You may provide a plot plan with this information.

For TEMPORARY permits, applicant must contact the DPW AND the Police Dept. to see if they require an Obstruction Permit, and a Police Detail for the duration of this job.

Office Use Only – Received



