

Signature of Applicant or Business Owner: _

Borough of Newtown Building, Zoning & Codes Office 23 North State Street

23 North State Street Newtown, PA 18940-2026 Telephone: (215) 860-8859 Cell(610)324-9002 Fax: (215) 968-6338

PERMIT #:	
TMP #:	
ADDRESS:	
DATE;	

APPLICATION/PERMIT FOR DUMPSTER OR POD TO BE LOCATED ON A BOROUGH STREET OR BOROUGH PROPERTY

<u>Property Ad</u>	dress:	General Contractor	General Contractor Identification:		
# & Street: Unit #:	h.	# & Street:			
Zoning Distric	t:No	City/Town:			
<mark>Owner Ident</mark> Name:		em X 3	Zip;		
# & Street:	Haylan Idantification.				
Unit #:		Name:	100 A A B B A A A A A A A A A A A A A A A		
City/Town:		# & Street:	Printed and the second and the secon		
State:	Zip:	TT21- #			
Гelephone:		City/Town:			
rotophone.	The state of the s		Zip;		
of the dumps Newtown Bor	be paid at time of application a ter or pod at the requested loca rough if the dumpster will be o	ation. It is the permit holder	he permit and placement 's responsibility to notify		
	application, in which case an	additional permit and fees m	ferent from that indicate any be required.		
Date dumpst	application, in which case an er/pod to be installed :	additional permit and fees m	ferent from that indicate hay be required.		
Date dumpst	application, in which case an	additional permit and fees m	ferent from that indicate hay be required.		
Date dumpst Projected ren	application, in which case an er/pod to be installed:	additional permit and fees m	ferent from that indicate hay be required.		
Date dumpst Projected ren Total Fee Paid	application, in which case an er/pod to be installed :	additional permit and fees m	ferent from that indicate has be required.		
Date dumpst Projected ren Fotal Fee Paid Describe loca	application, in which case an er/pod to be installed: noval date: d:	additional permit and fees m Check # or Cash: will be placed:	ferent from that indicate hay be required.		