

**City of Williamsport  
Bureau of Codes**

**Dumpster Permit Application**

Date: \_\_\_\_\_

Location:  Street  Avenue  Sidewalk

Property Location: \_\_\_\_\_

Owner/Agent Name: \_\_\_\_\_

Owner/Agent Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Container Provider: \_\_\_\_\_

Phone #(Container provider): \_\_\_\_\_

Date of Placement: \_\_\_\_\_

Date of Removal: \_\_\_\_\_

Reason for dumpster placement: \_\_\_\_\_

\_\_\_\_\_

**Applicant is responsible for placement of safety cones OR reflective tape on and around the dumpster.**

**All dumpsters placed near an intersection or stop sign must be at least 30 feet from the intersection or sign.**

*I hereby certify that I am the owner or authorized agent of the above mentioned property listed for placement of a dumpster. Said dumpster will be placed in accordance with the information referenced on this application and will be with all applicable laws of the Commonwealth of Pennsylvania and the City of Williamsport.*

*Failure to comply with the above listed, could result in the Bureau of Codes rescinding the dumpster permit.*

Applicant Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

Building Official