



Borough of Freeport

414 Market St. Freeport, PA 16229
(724) 295-2251 Fax: (724) 295-2230
PublicSafety@FreeportPA.us



DUMPSTER / POD PERMIT APPLICATION

Permit Number: _____

\$_____ Fee Paid

Date: _____
 Applicant Name: _____
 Applicant Address: _____
 Applicant Phone # (____) - _____ Email: _____
 Check One: Owner Tenant Contractor

Address where the dumpster or pod will be used: _____

 Will the dumpster be placed on the street: Yes No
 Length of dumpster rental: _____
 Reason for rental: _____
 Dumpster Size (Check One): 3 Yard 6 Yard 10 Yard 15 Yard 30 Yard Other: _____

The following rules shall apply:

- Do **NOT** overfill the dumpster.
- Do **NOT** place items on the ground around the dumpster or pod.
- The Dumpster or Pod **shall** be placed off-street, if possible.
- On-Street placement **shall NOT** be placed over any sewer, manhole, water valve, etc.
- On-Street placement **shall** contain reflective markings or traffic indicators.
- All food or odor causing waste **must** be in sealed bags prior to placement in a dumpster or stored in a pod.

Residential Dumpster/Pod Permits for Borough Residents are valid for 14 days. A \$25 **FEE** is required unless the dumpster is placed off-street, then no fee is required; however all rules and time limits still apply. A \$5 per day fee will be imposed for each day after 14 days the dumpster remains on-site.

Commercial Dumpster/Pod Permits are required for all constructions sites in the Borough and are valid for 30 days. A \$100 **FEE** is due with the application; \$50 as a permit fee and \$50 as an application fee. A \$25 per day fee will be imposed for each day after the 30 days the dumpster remains on-site.

APPLICATION CERTIFICATION

I hereby certify that I am the owner of the above-named property or that I have the authorization by the owner to make application as the authorized agent. I hereby certify that the information contained in this application is true and correct to the best of my knowledge, information, and belief. I agree to conform to the Ordinance(s) relating to this application.

Signature

Date

For Official Use:

Permit Approved _____ Permit Denied _____
 Special Requirements: _____

 Borough Representative: _____ Date: _____
 Date Placed: _____ Date Removed: _____
 Total Fee Due: _____ Refunded Amount/Date: _____