

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # _____

Date _____

DUMPSTER/CONTAINER PERMIT APPLICATION

Willistown Township

688 Sugartown Road

Malvern, PA 19355

Phone 610.647.5300

Fax 610.647.8156

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

All property owners must sign. To check names on the deed, visit:

https://arcweb.chesco.org/cv3/Default_CV.html

Property Owner's Signature(s) _____

Print Name(s) _____ Telephone Number _____

Email Address _____

Location of Dumpster/Container _____

UPI # _____ Zone _____

Supplier Information:

Name of Supplier: _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____

Fee: _____ (10 days) Extension: _____

Fees: \$50.00 for application covers the first 4 days. There is a \$50.00 charge for each day after the fourth day.

Fees must be paid at the time of permit issuance.

Please do NOT write below this line

Permit # _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____