



City of Chelsea
Inspectional Services Department
City Hall, 500 Broadway, Room 201
Chelsea, MA 02150

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Michael McAteer
Director

DUMPSTER PERMIT APPLICATION

PERMIT # _____
FOR OFFICE USE ONLY

DATE _____ / _____ / _____

Pursuant to Chapter III Sec. 31A of the Massachusetts General Laws and Rules and Regulations of the Chelsea Board of Health.

Application is hereby made for permit to maintain a dumpster on property, as listed below, in accordance with the aforementioned regulations.

Check where applicable:

15 Day Temporary \$50.00 _____ Annual \$100.00 _____

Commercial _____ Residential _____ Street _____ Sidewalk _____

Location of dumpster: _____ **Dumpster Size:** _____
(Street Address)

Owner of Property: Name _____ Phone # () _____ / _____

Address _____

City _____ State _____ Zip _____

Applicant: Name _____ Phone # () _____ / _____

Address _____

City _____ State _____ Zip _____

Dumpster Contractor: Name _____ Phone # () _____ / _____

Address _____

City _____ State _____ Zip _____

Below, please sketch an outline of property showing thereon the proposed location of dumpster. Give the distance from dumpster to other building and lot line or boundaries. Use the reverse side of this application if space is required.

Applicant Signature _____