

Borough of Bridgeport  
63 West Fourth Street, Bridgeport, PA 19405  
Phone 610-272-1811 Fax 610-292-8236

## **Dumpster/Pod Permit Application**

### **Location**

Address \_\_\_\_\_

### **Property Owner**

Name \_\_\_\_\_ Address \_\_\_\_\_

No P. O. Box

Phone # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### **Applicant**

Name \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### **Dumpster Company**

Name \_\_\_\_\_ Address \_\_\_\_\_

No P. O. Box

Phone # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Dates of Placement/Removal:** From \_\_\_\_\_ to \_\_\_\_\_

**Dimensions of Dumpster or Pod (Length X Width):** \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee:** \$50.00 per week per container

**FEE MUST BE PAID BY CHECK OR CASH (CASH MUST BE THE EXACT AMOUNT )**

**Highlighted areas required**

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Incomplete applications will be returned\*\*\***