

DUMPSTER/POD REQUEST FORM

Date subm	nitted:	House No.:
Date Recei	eived:	Phone No.
Homeown	ner Name (s):	
Email Addı	lress:	
	scribe the reason for use of Portable Stora e to receive temporary approval for:	age Unit/POD or Dumpster that you
Describe w	where this Portable Storage Unit/POD or D	Dumpster will be parked:
Arrival Dat	te: Departure Date: _	
	If the above work is not completed by the department of the another request must be presented for BELOW IS FOR OFFICE USE ONL	arture date listed, approval. _Y
Date:	Approved	by:
Date:	Disapprov	ved by:

Notwithstanding the foregoing, you shall not make any change, alteration or addition that would require a building permit in accordance with the Building and Sanitation Code of the Borough of Chester Heights without submitting an amended final plan and receiving approval from the Borough.