

BOROUGH OF CATASAUQUA
APPLICATION FOR ROLL OFF CONTAINER PERMIT

FORM ROC-10022024

THIS APPLICATION IS FOR A: NEW (___) OR RENEWAL (___) PERMIT **PERMIT NUMBER:** _____

1) **APPLICANT:** _____

2) **ADDRESS OF APPLICANT:** _____
NO POST OFFICE BOXES OR MAIL DROPS

3) **TELEPHONE NO. OF APPLICANT:** HOME: _____ - _____ - _____ BUSINESS: _____ - _____ - _____

4) **PHYSICAL ADDRESS WHERE CONTAINER IS TO BE PLACED:** _____

5) **PURPOSE OF ROLL OFF CONTAINER:** _____

IF MORE SPACE IS REQUIRED, ATTACH ADDITIONAL INFORMATION TO THIS FORM

6) **NAME AND TELEPHONE NUMBER OF VENDOR PROVIDING THE ROLL OFF CONTAINER:**

(NAME) (TELEPHONE NUMBER)

7) **IF RELATED TO A CONSTRUCTION OR DEMOLITION PROJECT HAVE APPROPRIATE PERMITS BEEN ISSUED**
(YES ___) PERMIT NO. _____ (NO ___)

8) **A DIAGRAM MUST ACCOMPANY THIS APPLICATION, SHOWING THE EXACT LOCATION REQUESTED FOR THE CONTAINER PLACEMENT, INCLUDING DISTANCE FROM THE NEAREST INTERSECTION.**

9) **THE FEE, SET BY RESOLUTION 2-2024 IS \$75.00 FOR EACH THIRTY (30) DAY PERMIT FOR CONTAINERS UP TO AND INCLUDING 20 CUBIC YARDS; AND \$100.00 FOR EACH THIRTY (30) DAY PERMIT FOR CONTAINERS OVER 20 CUBIC YARDS.**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, INFORMATION, AND BELIEF. I HEREBY CERTIFY THAT I HAVE REVIEWED THE APPROPRIATE ORDINANCE AND TO MY KNOWLEDGE THE CONTAINER WILL BE IN COMPLIANCE IN ALL MANNER AND WAYS WITH THE TERMS, CONDITIONS, AND REQUIREMENTS SET FORTH IN THAT ORDINANCE.

SIGNATURE: _____ DATE: _____

INFORMATION BELOW TO BE COMPLETED BY CATASAUQUA BOROUGH

APPLICATION APPROVED: (CIRCLE ONE) YES NO EXPIRATION DATE: _____

REASON, IF DENIED: _____
IF MORE SPACE IS REQUIRED, ATTACH ADDITIONAL INFORMATION TO THIS FORM

AUTHORIZED SIGNATURE: _____ **DATE:** _____

AMOUNT OF FEE RECEIVED: _____ **RENEWAL #:** _____