



City of Lambertville
18 York Street
Lambertville, NJ 08530

Phone: 609-397-0110 * Fax: 609-397-2203
Web: www.lambertvillenj.org

APPLICATION FOR DUMPSTER PERMIT

PERMIT NUMBER: _____ - _____ DATE: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

NATURE OF WORK TO BE COMPLETED: _____

BLOCK: _____ LOT: _____ BUILDING PERMIT NUMBER: _____

DUMPSTER COMPANY: _____

SIZE AND CAPACITY: _____

LOCATION WHERE DUMPSTER IS TO BE PLACED: _____

NAME AND ADDRESS OF ABUTTING PROPERTY OWNER: _____

All dumpsters or similar containers shall be marked with an identification number assigned by the State and the name, address and telephone number of the person responsible therefore. They shall be equipped with reflectors capable of reflecting motor vehicle headlights at a distance of 500 feet.

A certificate of general liability coverage including the applicant and the City named as additional insured with at least \$100,000/\$300,000 for bodily injury and \$50,000 for property damage.

Policy Number: _____ Insurance Company: _____

Permit Fee: \$50.00 Method of Payment: ___Cash ___Check, Check Number: _____

PERMIT IS VALID FOR SEVEN (7) DAYS.

START DATE: _____ EXPIRATION DATE: _____