

Aston Township Dumpster/POD/Storage Container Permit 2 New Road, Suite 123, Phone 610-494-0384, Fax 610-494-8853

2 New Road, Suite 123, Phone 610-494-0384, Fax 610-494-8853 Dumpster/POD/Storage Container \$54.00 Fee

Job Site Address]	Date of Application	Permit #	Folio #		
Dumpster Company Address/City Phone: Contractor License Number: Certificate of Insurance: Reason for Storage Container: Type of Materials to be Placed in Container: Check One: Dumpster POD Storage Container	roperty Owner:		Mailing Address/C	ity		
Dumpster Company Address/City Phone: Contractor License Number: Certificate of Insurance: Reason for Storage Container: Type of Materials to be Placed in Container: Check One: Dumpster POD Storage Container Container Area Sq. Ft	hone:	E-mail:				
Phone: Contractor License Number: Certificate of Insurance: Reason for Storage Container: Type of Materials to be Placed in Container: Check One: Dumpster POD Storage Container Container Area Sq. Ft	ob Site Address					
Type of Materials to be Placed in Container: Check One: Dumpster POD Storage Container Container Area Sq. Ft	umpster Company	Address/City				
Type of Materials to be Placed in Container: Check One: Dumpster POD Storage Container Container Area Sq. Ft	hone:	Contractor Licens	ontractor License Number: Certificate of Insurance:			
Type of Materials to be Placed in Container: Check One: Dumpster POD Storage Container Container Area Sq. Ft						
Check One: Dumpster POD Storage Container Container Area Sq. Ft						
Check One: Dumpster POD Storage Container Container Area Sq. Ft						
•						
Date Container Dropped Off Date Container Picked Up	ontainer Area Sq. Ft					
	ate Container Dropped	Off	Date Container	Picked Up		
48 Hour Notice Required To Schedule Individual Required Inspections		48 Hour Notice Required	To Schedule Individua	Required Inspections		
Under penalty of intentional misrepresentation and /or perjury, I declare that I have examined and/or made this application and is true and correct to the best of r knowledge and belief. I agree to construct said improvement in compliance with all provisions of the ordinances of the Township of Aston and all applicable Bu Codes. I realize that the information that I have stated herein, forms a basis for the issuance of the building permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the UCC therewith. When no work has been started within 180 days after the issuance of a permit or when more than 180 days lapses between approval of required inspections, such permits hall be void. I hereby certify that I am the owner at this address or that, for the purpose of obtaining this approval, I am acting on behalf of the owner. All contra work on this project will be done by a contractor holding valid Pa. Contractor License.	cnowledge and belief. I agree to Codes. I realize that the informat connection therewith shall not be no work has been started within shall be void. I hereby certify that	construct said improvement in complion that I have stated herein, forms a construed to permit any construction 80 days after the issuance of a perm t I am the owner at this address or the	liance with all provisions of the basis for the issuance of the b n upon said premises or use the it or when more than 180 days at, for the purpose of obtaining	e ordinances of the Township of Asto uilding permit herein applied for and ereof in violation of any provision of lapses between approval of required	on and all applicable Building approval of any plans in the UCC therewith. Where d inspections, such permit	
Signature of Owner/Representative Signature of Contractor	Signature of Owner/Represe	ntative		Signature of Contractor		
Do Not Use, Department Use Only Township Permit Fee	ownship Permit Fee	Do Not	Use, Department Use (Only		
Township Permit Fee	a. U.C.C. Surcharge total Permit Fees M theck # M	oney Order	Building C	ode Official: Approval Date:		