

BOROUGH OF MALVERN

1 E. FIRST AVENUE

P.O. BOX 437

MALVERN, PA 19355

PHONE: 610-644-2602

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**APPLICATION FOR DUMPSTER/ STORAGE CONTAINER ON PUBLIC
STREET PERMIT**

PERMIT NO. _____

DATE _____

APPLICANT _____

Name of Owner (Please Print)

Address _____

Phone# _____

ADDRESS LOCATION OF DUMPSTER/STORAGE
CONTAINER _____

TAX PARCEL NUMBER _____

FEE \$35.00/Ten day period

\$15.00/Day after initial ten day period

OWNER

(Signature)

___ APPROVED

___ DISAPPROVED

CONTRACTOR

DATE _____

(Address of contractor)

(Phone #)

Building/Zoning Officer