

BOROUGH OF MALVERN
1 E. FIRST AVENUE, STE. 3
MALVERN, PA 19355

PHONE: 610-644-2602
FAX: 610-644-4504

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

(Signature) OWNER

___ APPROVED
___ DISAPPROVED _____ CONTRACTOR

DATE _____

(Address of contractor) (Phone #)

Building/Zoning Officer