

(O) 610-644-2602 (F) 610-644-4504 bwilfong@malvern.org

DUMSPTER/STORAGE CONTAINER ON PUBLIC STREET PERMIT

Permit must be submitted to:
Malvern Borough Administration

1 East First Avenue, Suite 3, Malvern, PA 19355

(Mon-Fri: 9:00AM = 12:00PM 1:00PM = 5:00PM)

OFFICIAL BOROUGH USE							
Amt. Paid	\$ Check #						
Date	Permit #						

(Mon-Fri; 9:00AM – 12:00PM, 1:00PM – 5:00PM)			Date	Permit #	
. PROPERTY C	WNER INFORMATION				
Name:				_	
First		Last		_	
Mailing Address:					
	Street				
	City		Zip (Code	
	City		2100	Joue	
Contact Information: _			11	to (Circle)	
	Business Phone		Home or Mobi	ie (Circie)	
	 Email		•		
Proposed Location Dum	npster/Storage Container:				
Toposeu Location Dun	ipster/storage Container.				
Tax Parcel Number:		Zoning District	:		
U CONTRACTO	NO INCORNATION				
I. CONTRACTO	R INFORMATION				
Contractor Name:					
	First		Last		
Mailing Address:				_	
	Street				
	City		Zip Code		
	City		Zip Code		
Contact Information: _					
	Business Phone		Email		
II. APPLICANT S	SIGNATURE				
declare that this permi complete permit.	t has been examined by me a	nd to the best o	of my knowledge	e believe is a true, correct, and	
Applicant Signature:			Date	e:	