

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 #_____

I. PROPERTY OWNER INFORMATION

Name: _____
First Last

Mailing Address: _____
Street
City Zip Code

Contact Information: _____
Business Phone Home or Mobile (Circle)
Email

Proposed Location Dumpster/Storage Container: _____

Tax Parcel Number: _____ Zoning District: _____

II. CONTRACTOR INFORMATION

Contractor Name: _____
First Last

Mailing Address: _____
Street
City Zip Code

Contact Information: _____
Business Phone Email

III. APPLICANT SIGNATURE

I declare that this permit has been examined by me and to the best of my knowledge believe is a true, correct, and complete permit.

Applicant Signature: _____ Date: _____