## CITY OF FROSTBURG

TEMPORARY DUMPSTER PERMIT APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT FROSTBURG MUNICIPAL CENTER 37 BROADWAY, P.O. BOX 440 FROSTBURG, MD 21532

Applicant's Name:				Phone No.:
Applicant's Address:				
Property Owner's Name (if different than Applicant	t):			Phone No.:
Proposed Dumpster Location:(Physical	l address (	or dist	tance and dire	rection from nearest intersection (draw schematic on separate sheet if necessary)
Timeframe for Dumpster - Begin Date:				End Date:
Will the dumpster be placed on a street?	Υ /		N	If Yes, which Street:
If Yes, is there a off-street parking spaces o	or a sho	oulder	r on which	ı to place the dumpster? : Y / N
, , , ,	change t	to pro	oposal witho	able hereto, and further agree than any misstatement or misrepresentation of out approval of the agencies concerned, shall constitute sufficient grounds for violations of the City Code.
Applicant's Signature:				Date:
FOR CITY USE ONLY				
Approvals required:	Appro	val G	Granted?	Granted by (Signature):
☐ Frostburg Police Department	Υ	/	N	
☐ Frostburg Street Department	Υ	/	N	
☐ MD State Highway Administration	Υ	/	N	provide copy of SHA Permit & attach
STIPULATIONS:				
Application Date:	_ Permit	t Issu	e Date:	Issued by:
				from (begin date):
to (end date):	and is subject to the following conditions:			
☐ The temporary dumpster perm	nit is <b>[</b>	)EN	IED.	