



OFFICE OF CODE ENFORCEMENT
BOROUGH OF BELMAR
601 MAIN STREET BELMAR, NJ 07719
TELEPHONE: (732) 681-3700 FACSIMILE: (732) 681-3434

**APPLICATION FOR PLACEMENT
OF DUMPSTER, POD, OR ROLL-OFF CONTAINER**

THE CONTRACTOR MUST BE IN POSSESSION OF A PERMIT BEFORE STARTING CONSTRUCTION

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

TELEPHONE # (____) _____ **EMAIL** (____) _____

PROPERTY INFORMATION: BLOCK # _____ **LOT #** _____

PROPERTY ADDRESS _____

OWNER'S NAME _____

OWNER'S TELEPHONE # _____

DUMPSTER/ROLL-OFF TO BE LOCATED **IN BOROUGH RIGHT-OF WAY**
 ON PRIVATE PROPERTY

NAME OF COMPANY SUPPLYING DUMPSTER

COMPANY ADDRESS _____

TELEPHONE # (____) _____ **FAX #** (____) _____

RESPONSIBLE PERSON _____

SIZE OF DUMPSTER _____

GENERAL DESCRIPTION OF MATERIAL TO BE PLACED IN DUMPSTER:

DURATION OF PLACEMENT:

FROM _____ TO _____
(date) (date)

By signing this application, Applicant confirms his/her understanding of the terms and conditions set forth herein and agrees to abide by the same.

APPLICANT'S SIGNATURE _____

DATE SIGNED _____

Prior to any Permit being issued for the placement of a Portable Storage Unit or Dumpster which, in whole or in part, is upon any street, sidewalks or within any public right of way, the property owner shall provide sufficient proof of insurance coverage of One Million Dollars \$1,000,000 dollars for a combined single limit bodily injury and property damage coverage, which may be from the Portable Storage Unit or Dumpster rental company, naming the Borough of Belmar, its agents, servants, officials and employees, as additional insureds.

PERMIT FEES:

- Dumpster Permit \$50.00
- Dumpster Permit Renewal - \$50 per each additional 10 days
- Pod Permit - \$50 per month
- Where a POD is used during construction or renovation to the main residence, the fee for the POD shall be \$100.00 for the first three (3) months and three (3) month renewal thereafter. After the initial six (6) month period, the fee for a POD permit shall be \$25.00 for each additional one (1) month renewal.

FOR OFFICAL USE ONLY

FEE SUBMITTED \$ _____ DATE SUBMITTED _____

CHECK # _____ CASH MONEY ORDER # _____

PROOF OF INSURANCE SUBMITTED: (CIRCLE ONE) YES NO

COMMENTS: APPROVED DENIED

PERMIT # _____ DATE ISSUED _____