

Borough of Bridgeport
63 West Fourth Street, Bridgeport, PA 19405
Phone 610-272-1811 Fax 610-292-8236

Dumpster/Pod Permit Application

Location

Address _____

Property Owner

Name _____ Address _____

No P. O. Box

Phone # _____ City, State, Zip _____

Applicant

Name _____ Relationship to Owner _____

Address _____ Phone# _____

City, State, Zip _____

Dumpster Company

Name _____ Address _____

No P. O. Box

Phone # _____ City, State, Zip _____

Date of Placement _____ How Long is Dumpster _____

Date of Removal _____ How Long Is POD _____

Applicant Signature _____ Date _____

Fee: \$50.00 per week per container

FEE MUST BE PAID BY CHECK OR CASH (CASH MUST BE THE EXACT AMOUNT)

Highlighted areas required

Building Inspector _____ Date _____

*****Incomplete applications will be returned*****