

STREETS AND SIDEWALKS

21 Attachment 1

**Borough of Mechanicsburg**

**Application for Dumpster/Container or Street Storage Form**

**APPLICATION REQUEST FOR A PERMIT FOR TEMPORARY PLACEMENT OF  
DUMPSTER/CONTAINER OR STREET STORAGE ON A STREET WITHIN THE  
BOROUGH OF MECHANICSBURG, CUMBERLAND COUNTY, PENNSYLVANIA**

**Requestor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Phone Number: \_\_\_\_\_

Homeowners Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Dumpster/Street Storage Company Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dumpster/Street Storage  
Location: \_\_\_\_\_

Dumpster/Street Storage  
Size and Dimension: \_\_\_\_\_

**Estimated Time of Placement:**

From: \_\_\_\_\_ To: \_\_\_\_\_

Requestor hereby agrees to assume all costs and responsibilities for the placement and maintenance of traffic control devices required to alert and warn drivers of the potential hazards created by the placement of the dumpster/container as required by the permit.

In addition, the requestor agrees to fully indemnify and hold harmless the Borough of Mechanicsburg and assumes all liability for damages or injury occurring to any person or property through or in consequence of any act or omission of anyone associated with the placement of the dumpster/container or street storage on the roadway.

MECHANICSBURG CODE

Requestor has obtained minimum \$100,000 liability insurance, and named the Borough of Mechanicsburg as an additional insured on said policy for such purpose.

The undersigned has read the conditions and requirements, both above and attached, for the placement of a dumpster container or street storage on the roadway and requests permission to place a dumpster/container or street storage on a street within the Borough of Mechanicsburg.

I hereby certify that the information in this application is truthful and correct.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Fee:

Make checks payable to "Borough of Mechanicsburg"

\_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Fee Paid: \_\_\_\_\_

Request has been examined by Chief of Police or his designee and recommend:

\_\_\_\_\_ Approval for placement at: \_\_\_\_\_

\_\_\_\_\_ Denial of application

Reason for denial:

\_\_\_\_\_

Date: \_\_\_\_\_

Name of official: \_\_\_\_\_

\_\_\_\_\_  
Signature: