

# MECHANICSBURG POLICE DEPARTMENT

## DUMPSTER PERMIT APPLICATION

**Applicant Information:**

DATE: \_\_\_\_\_

|   |                        |                |
|---|------------------------|----------------|
| First Name  | Middle Name or Initial | Last Name      |
|   |                        |                |
| Cellular Telephone  | Home Telephone         | Work Telephone |
|   |                        |                |
| Home Address:   |                        |                |
|   |                        |                |
| <input type="checkbox"/> CERTIFICATE OF INSURANCE NAMING MECHANICSBURG BOROUGH ATTACHED |                        |                |

**Dumpster Company Information:**

|                  |  |
|------------------|--|
| Company Name     |  |
| Address          |  |
| City, State, Zip |  |
| Telephone        |  |
| Contact Name     |  |
| Contact Number   |  |

**Estimated Time and Placement:**

|                           |                            |
|---------------------------|----------------------------|
| Starting Date             | Ending Date                |
|                           |                            |
| Requested Street Location | Size/Dimension of Dumpster |
|                           |                            |

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 or similar as required by the Permit.

In addition, the application shall be accompanied by a certificate of insurance, in a form approved by the Borough Manager, issued by an insurance company authorized to do business in Pennsylvania for certifying that said company has issued or have written a Comprehensive Liability insurance policy maintained by the applicant in the amount of at least \$100,000.00 for property damage and personal injury, combined single limit, arising out of or in connection with the placement or utilization of a dumpster or street storage on any street, with the Borough being named as an additional insured on said policy for such purpose; which shall not be cancelled except on fifteen (15) days' advance written notice to the Borough. The applicant further agrees to fully indemnify and hold harmless the Borough of Mechanicsburg, its officials, agents, servants, and employees and each of them, from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and reasonable attorneys' fees for or on account of any injury to any person or any damage to any property, which may arise or which may be alleged to have arisen out of or in connection with the placement or utilization of a dumpster or street storage device on any street per this permit.

The undersigned has read the conditions and requirements, both above and attached, for the placement of a dumpster or similar on the roadway and request permission to place same on a street within the Borough of Mechanicsburg. I hereby certify that the information in this application is truthful and correct.

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

**FEE: \$50.00**

Make checks payable to "Borough of Mechanicsburg"

**FOR BOROUGH USE ONLY**

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

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

Approval for placement

Exact Location:

Start Date:

End Date:

Denial of application

Reason for Denial:

Requestor has supplied a Certificate of Additional Insured naming the Borough and Certificate is attached to the Application.

|                         |  |
|-------------------------|--|
| Date                    |  |
| Official's Printed Name |  |
| Official's Signature    |  |