



APPLICATION FOR DUMPSTER PERMIT
CITY OF MOUNT CLEMENS COMMUNITY DEVELOPMENT DEPARTMENT
ONE CROCKER BOULEVARD, MOUNT CLEMENS MI 48043
Office: (586) 469-6800 EXT 3; Fax: (586) 469-7695;
Email: tstacey@mountclemens.gov



Permit No. _____

Address of Dumpster Location				
Dates for Dumpster		Company Providing Dumpster		
I. APPLICANT INFORMATION				
Applicant Name				
Address		City	State	Zip Code
Email		Telephone Number		Fax Number
II. SIGNATURE & FEE				
I understand that the dumpster cannot be placed in the street, block a sidewalk, or be located in a clear vision corner. I further understand that the dumpster shall not remain on my property for longer than 48 hours after the repairs and/or removal of debris are completed, but in no case shall the dumpster remain on any property for longer than 30 days. Failure to remove the dumpster upon the expiration of the permit may result in the City having the dumpster removed and assessing any cost involved to the property owner.				
All requests for a permit extension must be submitted in writing prior to the expiration date.				
Applicant Signature		Print Name	Date	
The City accepts cash, checks, and credit cards. Make checks payable to the City of Mount Clemens.		Fee \$ 25.00		
III. VALIDATION – FOR DEPARTMENT USE ONLY				
Community Development Approval Signature		Title	Date	
Public Services Approval Signature (if located in Central Business District)		Title	Date	

PERMIT EXPIRATION: _____