



THE COMMISSIONERS OF THURMONT

615 East Main Street
P.O. Box 17
Thurmont, Maryland 21788
301-271-7313
Fax: 301-271-2155

Dumpster / Storage Pod Permit Application

Applicant Name: _____ Application Date: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Email: _____

Address of Proposed Dumpster/Storage Pod: _____

Nature of Work for Dumpster/Storage Pod: _____

Specific Location of Dumpster/Storage Pod: _____

Size of Dumpster/Pod: _____ Yards Dimensions: Height _____ Length _____ Width _____

Delivery Date: _____ Removal Date: _____

Name of Company Providing Dumpster/Storage Pod: _____

Contact Name: _____

Contact Phone: _____

Applicant hereby certifies that the above information is correct and that I am the legal owner of the property or have been authorized by the owner to complete the application for the dumpster permit described above and to conduct all activity in accordance with the laws and ordinances of the Town of Thurmont. Submittal of this permit application serves as Applicant's acknowledgement that the owner or renter of the dumpster/storage pod shall be responsible for any and all damage caused to the street by the dumpster.

Applicant Signature _____ Date: _____

OFFICIAL USE ONLY

Conditions: _____ Fee: _____

Approved By: _____ Date: _____