



Town of Ludlow Board of Health
488 Chapin Street
Ludlow, Ma 01056
(413) 583-5600 x1271

Application for Dumpster Permit
Fee: \$40.00/dumpster

Owner of Property _____ Date _____

Owner's Address _____ Phone# _____

Email _____

Total Number of Dumpsters (Trash and/or Cardboard) _____

Location of Dumpster(s) (if Different) _____

Total Fee (Number of Dumpsters X \$40.00) _____

On the back of this form, please sketch an outline of property showing the proposed location of the dumpster(s).
Give distance from dumpster to other buildings and lot lines or boundaries.

I hereby certify that I am an owner or officer of the above property or Business and all of the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Print Name of Applicant

Signature of Applicant

***Any renewal application received after December 31st will be subject to a 50% late fee.

DEPARTMENT HEAD

FOR OFFICE USE ONLY
DATE

APPROVED DENIED

NOTES: