## Residential Dumpster Parking Application and Permit

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



Public Works Department 4800 Ashford Dunwoody Rd. Dunwoody, GA 30338 Phone: (770) 382-6850 Email:

Deborah.wright@dunwoodyga.gov

	Address of Proposed Dumpster:			
ty r	Owner's Name:			
Property Owner	Address:			
Pro	Phone:	Email:		
	Company Name:			
ster any	Address:			
Dump Comp	Phone:		Fax:	
	·			
	Email: Dumpster Parking Period:			
	(*Please note: Only one container may be located on premises at any time. Dumpster parking is limited to 30 days.)			
	( ) react note: only one container may be recated on promises at any amore parting to minima to be about			
on	Delivery Date:		Removal Date:	
ati	Dimensions			
ırm	Difficusions			
Information	Height:	Width:		Length:
	Ten (10) feet of width of roadway left available for free movement of vehicular traffic? (yes / no)			
Dumpster	Reason for Proposed Dumpster:			
pe se				
	Dumpster must have reflectors to alert traffic to its location or have reflective cones placed around it.			
	I understand that the City of Dunwoody's Ordinance requires that I maintain 10 ft of the width of the roadway and remove the dumpster within 30 days, consistent with Part II Chapter 30 - Traffic and Vehicles. I further attest that this documentation and statements included in this application are true and correct.			
Authorize Signature	Property Owner's Name:			Date:
	Property Owner's Signature:			
Please submit completed application to the City of Dunwoody Public Works Department for approval at least three (3) business days prior to dumpster delivery date. Forms may be submitted by email, mail, or in person.				
For City Use Only:				

Approved Signature: