

CITY OF ST. JAMES
DUMPSTER PERMIT APPLICATION

Applicant Name: _____

Address: _____

Phone No: _____

Reason for Dumpster (please "X")

- Home Business

Type of Business: _____

*Dumpsters must be stored in a garage, on the side or rear yards.

****Dumpster may not be stored in the Front yard.**

- Remodeling (**Building Permit is required**)

Building Permit No. _____

- Siding/Shingling (**Siding/Shingling Permit is required**)

Siding/Shingling Permit No. _____

- Moving/Relocation

- Other: _____

Please check appropriate vendor below that the dumpster is being rented from:

West Central _____

C & D (Cory Suess) _____

Hometown _____

NOTE: Dumpster shall be removed within 30 days, unless used for a home business.

Signature of Applicant

Building Official

Date of Issuance

OFFICE USE:

() E-mailed West Central () Faxed 1-320-235-5715

() E-mailed C & D (Cory Suess)

() E-mailed Hometown Sanitation