



SITE CLEANLINESS APPLICATION

BUSINESS CONTACT INFORMATION:

Business Name: _____ Phone Number: _____
 Business Address: _____ City: _____ State: _____ Zip Code: _____
 Email Address: _____

OWNER CONTACT INFORMATION:

Owner Name: _____ Phone Number: _____
 Owner Address: _____ City: _____ State: _____ Zip Code: _____

PROPERTY & DISPOSAL INFORMATION:

Type of Property/Lot:

Location of Receptacle"

- | | |
|--|--|
| <input type="checkbox"/> Auto Sale or Repair | <input type="checkbox"/> Front |
| <input type="checkbox"/> Food/Beverage | <input type="checkbox"/> Rear |
| <input type="checkbox"/> Other Commercial Use | <input type="checkbox"/> Left |
| <input type="checkbox"/> Residential Use | <input type="checkbox"/> Right |
| <input type="checkbox"/> Other Use (if other, please explain): | <input type="checkbox"/> Other |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Inside Storage |
| | <input type="checkbox"/> Curbside Pickup |

DPW Approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
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Name of Disposal Company: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Please enclose a copy of your disposal agreement.

TRASH PICK UP SCHEDULE NUMBER OF DAYS

- SUN MON TUES WED THURS FRI SAT

CLEANING SCHEDULE NUMBER OF DAYS

Applicant Signature: _____

SITE PLAN OFFICIAL USE ONLY

Approved Commissioner/Designee Signature: _____ Date: _____
 Denied Commissioner/Designee Signature: _____ Date: _____



Inspectional Services