



## Village of Greenport Building Department

236 Third Street, Greenport, New York, 11944

(631) 477-0248 Ext. 201

[www.villageofgreenport.org](http://www.villageofgreenport.org)

### **DUMPSTER PERMIT APPLICATION**

A dumpster permit is valid for fourteen (14) days from the date of issue.

A dumpster may be placed on or near a sidewalk, street, road, driveway or alley only if there is no alternative site near the originally specified location. The location and use of a dumpster must cause minimal disruption to the adjacent sidewalk, street or roadway.

No dumpster shall partially or totally block any place of ingress or egress, nor interfere with traffic flow.

Each dumpster must have at least four (4) reflectors total , with one placed on each side of the dumpster. Each reflector must be at least three (3) inches in diameter.

Dumpsters must be properly and promptly emptied by the applicant and under no conditions shall the dumpster be filled beyond its rated capacity. The applicant is responsible for ensuring any debris around the dumpster is properly removed and the area around the dumpster is kept clean.

The applicant acknowledges that the moving or emptying of any container is prohibited between the hours of 8 p.m. and 7 p.m.

**Please Note:** Any violation of any of the provisions of the dumpster requirements under § 112-1 of the Code of The Village of Greenport (e.g. a dumpster that is blocking access or one that has not been emptied properly), will result in the revocation of the Dumpster Permit and may result in legal action being taken against the applicant and/or carting company.

**Dumpster Permit Fee: \$25.00**



# **APPLICATION FOR DUMPSTER PERMIT**

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**Date of Application** \_\_\_\_\_

A PERMIT MUST BE OBTAINED BEFORE PLACING A DUMPSTER ON A STREET.

This completed application is to be accompanied by proof of current Casualty Insurance from the carting company.

## **APPLICANT: (PLEASE PRINT CLEARLY)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business Name, if applicable \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## **CARTING COMPANY INFORMATION:**

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, Town, Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Contact \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Name of Insured \_\_\_\_\_



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## **Location of work site:**

Suffolk County Tax Map Number: 1001 Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot \_\_\_\_\_

Street Address: \_\_\_\_\_ Greenport, New York, 11944

**Zoning District:** [ ] WC [ ] R1 [ ] R2 [ ] PD [ ] CR [ ] CG

**Is property located within the Historic District?** [ ] Yes [ ] No

## **Location of Dumpster**

Sketch the proposed dumpster location with dimensions

## **Affidavit**

I have read and understand the rules and regulations associated with this Dumpster Permit. I understand any violation of these rules and regulations will result in the revocation of the Dumpster Permit and legal action may be taken against myself and/or the Carting Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date