



Waste Dumpster / Waste Container Permit

The Borough of Hollidaysburg

401 Blair Street, Hollidaysburg, PA 16648
www.hollidaysburgpa.org

(814) 695-7543
FAX: (814) 696-0636
TTY: (814) 696-0300

Name of property owner _____ Date _____

Phone _____ Email Address _____

Address _____ Zip code _____

Location of dumpster _____
(Dumpster must be visible to traffic from at least 300 feet from sunset to sunrise.)

Date to be placed _____ Date to be removed _____

Dumpster Company _____ Size of dumpster _____

Dumpster lid _____ Dumpster lighted _____ Dumpster reflectors _____

Dumpster reflectorized tape _____ Identification on dumpster _____

I hereby certify that the above information is true and correct. In addition, I agree to comply with all rules, regulations and ordinances governing this application as contained in the effective ordinances, orders, laws and acts of the Borough of Hollidaysburg. I further agree to be bound by any special conditions, restrictions and regulations as may be imposed by the Borough Manager.

Applicant's Signature

Date

BOROUGH STAFF COMPLETES THE SECTION BELOW

Fee _____ Paid _____ Permit Number _____

Date permit issued _____ Date permit expires _____

Signature of Borough Official

Date