



# TOWN OF TEWKSBURY

HEALTH DEPARTMENT  
1009 MAIN STREET  
TEWKSBURY, MA 01876

(978) 640-4470

Fax: (978) 640-4472

health@teWKsbury-ma.gov

1<sup>st</sup> Dumpster Fee: \$100.00  
(one-time fee until change of owner)  
Each Additional Dumpster: \$20

## DUMPSTER PERMIT APPLICATION

### DUMPSTER INFORMATION:

<b>Facility Name:</b>	<b>Facility Address:</b>
Please Complete the Chart Below, Listing Each Dumpster Separately	
<b>DUMPSTER USE</b> e.g.: Grease, Trash, Recycling, Other (Please Specify)	<b>DUMPSTER SIZE</b> Cubic Yard Capacity:

### OWNER INFORMATION:

<b>Property Owner:</b>	<b>Address:</b>
<b>E-mail Address:</b>	<b>Phone:</b>

### APPLICANT INFORMATION (IF DIFFERENT THAN OWNER):

<b>Applicant Name:</b>	<b>IN CASE OF EMERGENCY, PLEASE PROVIDE THE INFORMATION BELOW:</b>
<b>Address:</b>	<b>EMERGENCY CONTACT NAME:</b>
<b>E-mail Address:</b>	<b>EMERGENCY CONTACT PHONE:</b>

**PLEASE BE SURE TO READ AND SIGN PAGE 2 OF THIS APPLICATION**

**All containers must follow the Tewksbury Board of Health Chapter 7: Dumpster Regulations adopted April 7, 2011.**

**NOTE:** Dumpsters must be placed on an impervious pad (i.e. asphalt or cement) of a minimum of 4 inches thick. All containers must be enclosed on all four (4) sides with a fence and a door for servicing the container. The enclosure must be a minimum of six (6) feet in height. **Containers shall not block emergency accesses or egresses. The location of the container must be located at a distance from the lot line so as not to interfere with the safety, convenience, or health of the abutters or residents. Containers and their enclosures shall not be located within approved parking spaces.** All containers must be serviced at intervals to eliminate overflowing. It is the responsibility of the property owner or agent being serviced for the placement and maintenance of the container(s) including short-term durations and to maintain the area free of odors, rodents, flies, insects, scattered garbage and debris, overflowing, liquid runoff, nuisances, and other materials deposited at the site of the container.

**Attach the following documents:**

1. "Workers' Compensation Insurance Affidavit: General Business"
2. Workers' Compensation Insurance Binder with your company name and address included
3. Payment shall accompany application with a check or money order payable to the "Town of Tewksbury"

**NEW APPLICATIONS SHALL BE ACCOMPANIED BY:**

- A plan, to keep on file with the Health Department, showing the approved location of the container in relation to other dwellings and the business being serviced. Plans are to be drawn to the scale of 1/4" = 1' and MUST show lot lines and all water ways within 100' of the proposed dumpster location.
- The location must be approved by the Health, Fire, Engineering, and Conservation Departments.

I understand that I must use a Disposal Company that is permitted with the Town of Tewksbury. For a list of approved Disposal Companies, please go to [http://www.tewksbury-ma.gov/sites/tewksburyma/files/uploads/offal\\_and\\_septage\\_haulers.pdf](http://www.tewksbury-ma.gov/sites/tewksburyma/files/uploads/offal_and_septage_haulers.pdf)

X \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

**FOR HEALTH DEPARTMENT USE ONLY**

\_\_\_\_\_  
Date Received Check Number Amount Paid Permit # Issued

Approved Plan on File:  Date of Approval: \_\_\_\_\_ Confirmed by Inspector:

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_