

BOARD OF HEALTH

TOWN OF UPTON



MASSACHUSETTS

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Mailing address: P.O. Box 396  
Upton, MA 01568

Dumpster Permit Application

Date: \_\_\_\_\_ Application is for:  Residential  Commercial  Municipal  
check one

Applicant/Business Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Day Time Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address where Dumpster is to be located: \_\_\_\_\_

Size of Dumpster:(yds. or cu. ft) \_\_\_\_\_ Number of Dumpsters at location: \_\_\_\_\_

Company/Contractor supplying dumpster \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Is this company/contractor also supplying service for the dumpster?  yes  No

If no, please provide the service providers name, address and telephone number:

Date(s) requested for permit: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
(90 day limit for residential permits. Extensions require a written request)

I have attached a copy of the written agreement between user and contractor for the installation, maintenance and/or servicing of the dumpster

I the above named applicant, have read the Upton Board of Health Dumpster regulations in its entirety and understand its contents.

Signature of Applicant: \_\_\_\_\_

FEES: **Commercial Permit** -\$25.00 per calendar year. **Residential Permit** - \$25.00 for 90 day period, \$50.00 for the first 90 day extension and \$100.00 for one additional 90 day period. **Municipal Permit** for town departments - No charge.

FEE RECEIVED: \_\_\_\_\_