



Town of Rowley
Board of Health

Office: 978-948-2231
Fax: 978-948-7196
E-mail: health@townofrowley.org

Center School Municipal Annex
39 Central Street, P.O. Box 783
Rowley, Massachusetts 01969

Temporary Dumpster Permit

APPLICATION

Date: _____

Name of business or individual applying for permit: _____

Address of temporary dumpster site: _____

Mailing address for responsible party: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail Address: _____

Describe location of dumpster(s) on property (include number of dumpsters, frequency of emptying, and any other information):

Dumpster service company: _____

Requirements related to the granting, conditioning, and processing of this application:

1. Permit Fee: 15 day permit – \$10.00; Payable to the Town of Rowley
Permit Fee: 45 day permit – \$25.00, Payable to the Town of Rowley
2. I certify that the information I have provided above is true and accurate. I agree to uphold this permit in accordance with the rules, regulations, and/or special condition(s) imposed by the Rowley Board of Health.

Signature

Date

**DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY BOARD OF HEALTH**

☐ GRANTED:

Date: _____

PERMIT NUMBER: _____

☐ DENIED:

Reason: _____