



**APPLICATION FOR DUMPSTER PERMIT**  
**CITY OF MOUNT CLEMENS COMMUNITY DEVELOPMENT DEPARTMENT**  
**ONE CROCKER BOULEVARD, MOUNT CLEMENS MI 48043**  
 Office: (586) 469-6818 EXT 2; Inspection Line: (586) 469-6814 EX 915;  
 Fax: (586) 469-7695

**DP**

Permit No. \_\_\_\_\_

Address of Dumpster Location			
Dates for Dumpster		Company Providing Dumpster	
<b>I. APPLICANT INFORMATION</b>			
Applicant Name			
Address	City	State	Zip Code
Email	Telephone Number	Fax Number	
<b>II. SIGNATURE &amp; FEE</b>			
<p>I understand that the dumpster cannot be placed in the street, block a sidewalk, or be located in a clear vision corner. I further understand that the dumpster shall not remain on my property for longer than 48 hours after the repairs and/or removal of debris are completed, but in no case shall the dumpster remain on any property for longer than 30 days. Failure to remove the dumpster upon the expiration of the permit may result in the City having the dumpster removed and assessing any cost involved to the property owner.</p> <p>All requests for a permit extension must be submitted in writing prior to the expiration date.</p>			
Applicant Signature	Print Name	Date	
The City accepts cash, checks, and credit cards. Make checks payable to the City of Mount Clemens.		Fee <span style="font-size: 1.2em; font-weight: bold;">\$ 25.00</span>	
<b>III. VALIDATION – FOR DEPARTMENT USE ONLY</b>			
Community Development Approval Signature	Title	Date	
Public Services Approval Signature (if located in Central Business District)	Title	Date	

**PERMIT EXPIRATION:** \_\_\_\_\_