

PERMIT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

**Pursuant to Section 1311.01 (a) of the Codified Ordinances of the Village of Byesville**

**VILLAGE OF BYESVILLE APPLICATION FOR CONTAINER PERMIT**

*The Applicant shall submit a copy of this form, along with any supplementary material, to the Office of the Village Fiscal Officer prior to placement of container. No container shall be placed prior to permit being approved.*

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

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

**CONTAINER INFORMATION:**

Name of the company supplying the container? \_\_\_\_\_

What is the size of the container (in cubic yards)? \_\_\_\_\_

Where will the container be located (front yard, back yard, sidewalk, etc.)? \_\_\_\_\_

Anticipated delivery Date? \_\_\_\_\_ How long will the container be present on the property? \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b><u>Village office use only</u></b>	
Date Submitted: _____	Reviewed by: _____
Additional information:	
Approved _____	Declined _____ Date _____
Zoning Inspector: _____	Date _____
Village Administrator: _____	Date _____