



TOWN OF  
**STONEHAM**  
 MASSACHUSETTS  
 Board of Health-Health Department  
 35 CENTRAL STREET  
 STONEHAM, MA 02180

Board of Health

Telephone # 781-279-2621  
 Fax # 781-279-2615

**APPLICATION FOR LONG / SHORT TERM DUMPSTER/COMPACTOR /GREASE BIN STORAGE PERMIT**  
*(Permit must be posted conspicuously on same location as dumpster)*

**FEES: \$40 For the First Dumpster or Compactor; \$40 For Each Additional Dumpster, Compactor or Container On the Same Location, \$40 Grease Storage, \$40 each Grease Drum, \$40 Hazardous Materials (Motor Oil Storage). Shared Dumpster: \$40 Fee for each establishment.**

**NOTE: A LATE FEE of \$50.00 will be assessed for renewal applications received after January 15.**

I hereby make application to the Board of Health to have a dumpster(s), compactor, or similar unit stored on the premises from which the contents are to be removed or transported or disposed of by a contractor engaged in transporting for compensation in accordance with Chapter 111, Section 5, of the Massachusetts General Laws, as amended and subject to the rules and regulations of the Board of Health. **Short-term dumpsters are not to exceed 12 months.**

**APPLICANT INFORMATION**

Business Name \_\_\_\_\_ Complex Name \_\_\_\_\_

Business/Property Owner/Manager \_\_\_\_\_ Telephone # \_\_\_\_\_

Please list all dumpster users: \_\_\_\_\_

**LOCATION OF DUMPSTER/COMPACTOR/GREASE STORAGE**

Location of Dumpster: \_\_\_\_\_ Long or Short Term Dumpster: \_\_\_\_\_

Mailing Address for Permit and/or correspondence (if different): \_\_\_\_\_

Number of dumpsters/containers: \_\_\_\_\_ Number of Grease Storage/Drums \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Dates \_\_\_\_\_

**NOTE:** All long-term dumpsters must be enclosed in compliance with the Town By-Law, Article VI, Section 20.43 "Enclosure: All dumpsters shall be enclosed on all four sides with a gate. Enclosures must be of a cleanable surface and be of vinyl fencing. The grounds within the enclosure and perimeter shall be maintained at all times. The enclosure shall be a minimum of 6 feet in height.

Is dumpster enclosed in accordance with the above stated by-law?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If "No", state reason: \_\_\_\_\_

If your container is being shared with another business, please list names of businesses:

**NOTE:** All businesses are responsible for the maintenance of shared dumpster.

**GARBAGE AND/OR GREASE DISPOSAL COMPANY INFORMATION**

Contractor Name/Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**Note:** Section 20.50 states the Contractor supplying the removal, transport or disposal of waste, debris, etc. must also obtain a permit for such disposal from the Board of Health.

**APPLICANT:**

I agree to abide by the terms and conditions of the Town of Stoneham's Dumpster Regulations.

Applicant's Signature \_\_\_\_\_

Applicant's Title \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE SIGN APPLICATION AND RETURN WITH A CHECK  
 PAYABLE TO THE TOWN OF STONEHAM :**  
 Health Department  
 35 Central Street  
 Stoneham, MA 02180

**Incomplete and/or unsigned applications will be returned and a late fee will be assessed.**

For Office Use Only: Paid Check # \_\_\_\_\_/Cash in the Amount of \$ \_\_\_\_\_ on \_\_\_\_\_ Permit # \_\_\_\_\_

Date