



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

Board of Health

Telephone # 781-279-2621  
Fax # 781-507-2615

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).**

**NOTE: Any dumpster or container used for recycling is not subject to enclosure regulations.**

**NOTE: All dumpster permit holders will be assessed a late fee of \$50.00 per business day if application package for the new year is not received in this office by December 31.**

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/Complex Address: \_\_\_\_\_

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

Business/Property Owner/Manager Address: \_\_\_\_\_

Business/Property Owner/Manager Email: \_\_\_\_\_

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

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

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

Number of dumpsters/containers: \_\_\_\_\_

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: \_\_\_\_\_

(OVER)

**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 Printed Name

\_\_\_\_\_  
Applicant Email Address

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

\_\_\_\_\_  
Date

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

**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 \$50 late fee per business day will be assessed if being submitted after December 31.**

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