



Health Department

TOWN OF  
STONEHAM  
MASSACHUSETTS  
Health Department  
35 CENTRAL STREET  
STONEHAM, MA 02180  
Telephone # 781-279-2621 Fax# 781-507-2615

**APPLICATION FOR SHORT TERM DUMPSTER**

**(Permit must be posted conspicuously on same location as dumpster)**

**FEE: \$40 per Dumpster, for 90 days.**

**An extension can be requested for a fee of \$15 (45 days extension)**

I hereby make application to the Board of Health to have a dumpster 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 90 days.**

**APPLICANT INFORMATION**

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**LOCATION OF DUMPSTER**

Address of Dumpster: \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

**DISPOSAL COMPANY INFORMATION**

Disposal Company Name \_\_\_\_\_

**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:

\_\_\_\_\_

Date:

**PLEASE SIGN APPLICATION AND RETURN WITH A CHECK**

**PAYABLE TO THE TOWN OF STONEHAM**

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