



Health Department

TOWN OF
STONEHAM
MASSACHUSETTS
Board of Health-Health Department
35 CENTRAL STREET
STONEHAM, MA 02180
Telephone# 781-279-2621
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LONG TERM DUMPSTER/COMPACT/GREASE BIN STORAGE PERMIT
APPLICATION

FEES: \$40 for the First Dumpster or Compactor; \$40 for Each Additional Dumpster, Compactor or Container, \$40 Grease Storage, \$40 each Grease Drum, \$40 Hazardous Materials (Motor Oil Storage). Shared Dumpster:
LATE FEE OF \$50 IF RECEIVED AFTER FEBRUARY 15, 2024

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.

APPLICANT INFORMATION

Business Name _____ Complex Name _____
Property Manager _____ Telephone # _____
Email: _____

LOCATION OF DUMPSTER/COMPACTOR/GREASE STORAGE

Address of Dumpster: _____
Mailing Address for Permit and/or correspondence (if different): _____
Number of dumpsters/containers: _____ Number of Grease Storage/Drums _____

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.

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

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