

BAZETTA TOWNSHIP ZONING DEPARTMENT

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PERMIT FOR ROLL-OFF OR FRONT LOAD DUMPSTER

Permit # _____

Name: _____

Please Print

Address: _____

Phone Number: _____

Email: _____

Date of Container Placement: _____

(Container placement is not to exceed 30 Days, no more than two permits per address in a calendar year.)

Date of last Container Permit: _____

Fee Paid \$5.00 Cash _____ Check# _____

Applicant Signature: _____

Approval: _____