BOROUGH OF STRATFORD
DUMPSTER / STORAGE POD / PORTABLE OUTDOOR TOILET
PERMIT APPLICATION

Applicant Name: _____ ☐ Check here if property owner is not applicant

Property Address: _____ ☐ Check here if location differs

Phone: _____ Email: _____ If different, provide letter from property owner or location owner

TYPE OF UNIT (check all that apply)

☐ Demolition/Construction Dumpster

☐ Temporary Storage Pod

☐ Portable Outdoor Toilet

Provide Vendor Name: _____ Phone: _____ Capacity: _____

PLACEMENT DETAILS

Proposed Location on Property or Street: _____ (Must attach diagram or sketch showing placement)

Is placement on a public street requested? ☐ Yes ☐ No *(Street placement requires additional $100 fee)*

Placement Start Date: _____ Placement End Date (max 30 days): _____

REASON FOR REQUEST

Describe the circumstances necessitating the use of the dumpster container, storage pod, or portable toilet:

_____

CERTIFICATIONS

By signing below, I certify that:

- The unit will be placed and maintained in compliance with Section 8.40.090 of the Stratford Code.
- The unit will not block traffic, sight lines, or pedestrian access.
- The unit will not create odors, health hazards, or spill debris.
- Reflective decals and cones are required for street placement, which may be limited to 7 days in certain circumstances.
- The unit will be removed immediately upon permit expiration.
- All information provided is true and accurate.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

PERMIT #

POLICE DEPARTMENT REVIEW (Required for all street placements)

☐ No traffic/safety hazard identified

☐ Conditions required: _____

Chief of Police / Designee: _____ Date: _____

Fee Schedule

☐ Off-Street Placement: $25.00

☐ On-Street Placement: $125.00

☐ Extension (after 30 days): $25.00

Fees Collected

Amount Paid: $_____

Payment Method: ☐ Cash ☐ Check #_____

PERMIT ISSUED

Issued by: _____ Valid thru: _____