City of Brigantine
1417 West Brigantine Avenue
Brigantine, NJ 08203
Phone (609)266-7600 Ext. 282
Fax (609)266-6625

Container Permit Application

☐ Dumpster ☐ Portable Storage Unit ☐ Off Site Dumpster

☐ Permit (30 days) ☐ Extension (15 Days) ☐ With a Construction Permit

Property Location:_____

Owner/Contractor:_____

Address:_____

Telephone:_____ **Cell:**_____

Please choose one of the following:

1. ☐ **Container Owner:**_____
   Address:_____
   Telephone:_____ **Fax:**_____

2. ☐ **Owner/Contractor will remove all debris from the site at the end of every day. (NO OVERNIGHT STORAGE OF DEBRIS)**

_____

Applicant Signature *Print* *Date*

(Official use only)

☐ **Approved** ☐ **Denied**

Police Department_____

(Off Site Only)

Construction Official_____

Fee Paid_____ **Cash**_____ **Check #**_____ **Collected by** _____