VILLAGE OF CEDARHURST

Permit No. _____

Date Received: _____

Fee:_____

APPLICATION FOR POD/DUMPSTER PERMIT

www.cedarhurst.gov | building@cedarhurst.gov

Issued Pursuant to the Provisions of the Building Zoning
Ordinance and Building Code of the
VILLAGE OF CEDARHURST, NASSAU COUNTY, NY

Zone _____ Section _____ Block _____ Lots_____

Applicant/Owner Name _____

Address _____

Location of POD/Dumpster _____

Reason _____

Arrival Date and Time _____ Removal Date and Time _____

POD/Dumpster Company _____ ID#_____ Size_____

PLOT DIAGRAM

Name	Address	Telephone #
Applicant		
Contractor		

The owner of this building and the undersigned agree to confirm to all applicable laws of the Incorporated Village of Cedarhurst

Signature of property owner	Address