

**CITY OF EVERETT**  
MASSACHUSETTS

**HEALTH DEPARTMENT**

484 Broadway, Room 20  
Everett, MA 02149  
(617) 394-2255

STEVE SUPINO  
EXECUTIVE DIRECTOR OF  
HEALTH & HUMAN SERVICES



**BOARD OF HEALTH**

SEAN F. CONNOLLY, DPM  
CHAIR  
MELISSA MASSUA  
MEMBER  
KIM FERRANTE  
MEMBER

**APPLICATION FOR YEARLY RESIDENTIAL DUMPSTER PERMIT**

**Pursuant to Chapter 16, Division 2 of the Revised Ordinances of the City of Everett**

**Application is hereby made for a permit to maintain a dumpster, as listed below, in accordance with the Rules & Regulations of the Ordinances of the City of Everett**

30 day Temporary = \$50.00                       Residential yearly = \$125  
Includes Dumpster Bags = \$50.00

**Emergency to locate on a Public Way prior to Issuance must be approved by:**

**Police Department** \_\_\_\_\_

**Engineering Department** \_\_\_\_\_

**Fire Department** \_\_\_\_\_

**Contractor/Business Name:** \_\_\_\_\_ **Address** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Property Owner Phone:** \_\_\_\_\_

**Name/Dumpster Service Company:** \_\_\_\_\_

**Describe the exact location of the dumpster:** \_\_\_\_\_

**Draw a sketch of location, in respect to Street and Buildings.**

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I have received a copy of the City Ordinances, Chapter 16, Division 2 and I agree to abide by the regulations.

Drivers License No. or Fed. I.D. \_\_\_\_\_ Signature of Applicant \_\_\_\_\_