



Department of Public Works
Administration Division
David N. Cicilline, Mayor | Paul J. Thomas, Director

DUMPSTER PERMIT RENEWAL

DATE: _____

PERMIT NO. _____

APPLICANT _____

ADDRESS _____ PHONE # _____

DUMPSTER COMPANY _____

ADDRESS _____ DUMPSTER CO. PHONE# _____

It is requested that a ____ cubic yard dumpster be permitted in the street at _____
_____ (Be specific) on a permanent/temporary basis (choose one).

This renewal permit is requested for the period from _____ to _____ with the understanding that the following provisions will be complied with:

1. The name and phone number of the disposal company shall be clearly visible on the dumpster.
2. The dumpster shall be reflectorized in accordance with the Providence Traffic Engineer's requirements.
3. Traffic flow cannot be obstructed by said dumpster.
4. The Applicant must maintain the area around the dumpster in a clean and safe condition, and provide sufficient pickups to prevent dumpster overflow.
5. A monthly fee (made payable to the City Collector) shall be paid to the Public Works Department as follows:

<u>DUMPSTER SIZE</u>	<u>MONTHLY FEE</u>
UP TO 6 CUBIC YARDS	\$10.00
GREATER THAN 6 CY BUT LESS THAN 10 CY	\$15.00
10 CY OR GREATER	\$20.00

6. Dumpsters less than 20 cubic yards shall be capable of being closed on all sides and those 20 cubic yards or greater, shall be capable of being secured so as to prevent spillage.
7. No dumpster within 200 feet of residential property shall be serviced between 11:00 PM and 5:00 AM.

Failure to comply with regulations of the Code of Ordinances (Section 12-61.1) shall result in revocation of permit and/or penalties as prescribed by law.

The City of Providence, its servants or agents, shall not be liable for any claims for damage, injuries or deaths as a result of the placement of said dumpster.

I agree to abide by all regulations established by the City of Providence, for the use of dumpsters.

WARNING: It is the applicant's responsibility to apply for an extension of this permit should it be necessary, **BEFORE** the expiration date listed above. A fine of up to \$500.00 each day could be incurred if applicant does not comply.

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

ORIGINAL PERMIT # _____

PROVIDENCE THE CREATIVE CAPITAL

700 Allens Avenue | Providence, Rhode Island 02905 | 401 467 7950 OFFICE | 401 941 2567 FAX
www.providenceri.com