

**TOWNSHIP OF LITTLE FALLS**

225 Main Street

Little Falls, New Jersey 07424

Building Department 973-256-6182

**ROLL-OFF CONTAINER PERMIT APPLICATION**

Address where roll off will be located: \_\_\_\_\_

IN STREET

PUBLIC RIGHT AWAY

PRIVATE PROPERTY

(Circle where roll-off will be placed)

Text map designation: Block \_\_\_\_\_ Lot \_\_\_\_\_

**Property owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Contractor's Name:** \_\_\_\_\_

(If owner, mark same as above)

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_  
Business Cell Emergency

**Roll-off container owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_  
Business Cell Emergency

Date roll-off to be delivered \_\_\_\_\_ Date to be removed \_\_\_\_\_

**Applicant agrees to all conditions as noted in the attached copy of the Roll-off Container Ordinance.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For Official Use Only**

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ (Permit is good for only **10 DAYS**)

Permit # **C** \_\_\_\_\_

Fee Collected: \$ \_\_\_\_\_ Cash \_\_\_\_\_

Check# \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_