

**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: \_\_\_\_\_