



SITE CLEANLINESS APPLICATION

BUSINESS CONTACT INFORMATION:

Business Name: _____ Phone Number: _____
 Business Address: _____ City: _____ State: _____ Zip Code: _____
 Email Address: _____

OWNER CONTACT INFORMATION:

Owner Name: _____ Phone Number: _____
 Owner Address: _____ City: _____ State: _____ Zip Code: _____

PROPERTY & DISPOSAL INFORMATION:

Type of Property/Lot:

Location of Receptacle"

- Auto Sale or Repair
- Food/Beverage
- Other Commercial Use
- Residential Use
- Other Use (if other, please explain):

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- Front
- Rear
- Left
- Right
- Other
- Inside Storage
- Curbside Pickup

DPW Approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
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Name of Disposal Company: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Please enclose a copy of your disposal agreement.

Person Responsible for Cleaning: _____

Applicant Signature: _____

SITE PLAN OFFICIAL USE ONLY

Approved Commissioner/Designee Signature: _____ Date: _____

Denied Commissioner/Designee Signature: _____ Date: _____