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CITY OF FESTUS

Planning & Building Department

950 North Fifth Street Festus, MO 63028-1736

TEMPORARY Dumpster or Drop Box Application

| | |
|------------------|------|
| Property Address | Date |
| Cross streets | |

Applicant

| | | |
|---------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |
| Phone | Cell | |

Property Owner

same

| | | |
|---------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |
| Phone | Cell | |

Dumpster / Box owner

| |
|---------|
| Company |
| Phone |

Dumpster Location / Time Frame

- Private Lot
- Street
- Alley
- Other

| |
|--------------|
| Install Date |
| Removal Date |

*24 hour limit if placed in street/ROW

| |
|---|
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Sketch the proposed description (dumpster, cube etc.) & location including details of nearby streets.</div> |
|---|

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Printed Name: _____ **Contact # :** _____

Signature: _____ **Date :** _____