

Borough of Conshohocken
1 West First Ave., Suite 200
Conshohocken, PA 19428
Phone (610) 828-1092 Fax (610) 828-0920

CONTAINER PERMIT APPLICATION

PERMIT # _____

For Office Use Only	
Date Application Received:	
Receipt # _____	
Permit Fee \$ 50.00 <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Parcel # 0-500- _____	
Date Permit Issued: _____	Issued By _____

Location of Container: _____

Applying for building permits? Yes Clean out only?

Container's Company:	Property Owner's Name or Contractor's Name:
Mailing Address	Mailing Address
City, State & Zip	City, State & Zip
Daytime Phone	Daytime Phone
	Cell Phone

**I HAVE NOTIFIED THE CONSHOHOCKEN POLICE DEPARTMENT AT LEAST 48 HOURS
PRIOR TO PLACING THE CONTAINER ON THE STREET.**

The information provided in this Application is true and correct to the best of my knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities. The undersigned is the owner of said structure or has been authorized by the owner(s) to act as agent in procuring the building permit herein requested. The undersigned also takes full responsibility for all work performed and will comply with all provisions of the Zoning Ordinance, the Building Code and with all other applicable ordinances of Conshohocken.

APPLICATION MUST BE APPROVED, PERMIT ISSUED AND POSTED ON JOB SITE PRIOR TO BEGINNING WORK!

Signature of Owner

Date