



**GERARD A. DIO**  
*Chief*

CITY OF WORCESTER, MASSACHUSETTS 01610

## **FIRE PREVENTION DIVISION**

25 MEADE STREET

(508) 799-1822

FAX: (508) 799-1900

SAVE YOUR HOME  
AND BUSINESS  
PREVENT FIRES

# ***DUMPSTER PERMIT APPLICATION (PERMANENT/TEMPORARY)***

The permit application requires the requesting contractor or property owner to identify their name and address and the address of where the dumpster will be located. In accordance to [527 CMR 34.00 \(PDF 28KB\)](#), containers shall not be placed at any location as to become an obstacle to the egress of persons from a building or to vehicle traffic. Any dumpster 6 yards or more needs a permit. A permit is not required for dumpsters that will be delivered and removed from a location on the same business day. Permit is valid for one (1) year from date of issue; permanent dumpster permits are renewable annually.

### *Procedure:*

1. Dumpster contractor or customer applies for permit (print an application attached).
2. Permit Fee - \$25.00 per container and \$10.00 for each additional container on a particular site. Check or money order payable to: City of Worcester.

Dumpster location on private property to be inspected by the Worcester Fire Department.



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***DUMPSTER AND  
METAL RUBBISH CONTAINER  
PERMIT APPLICATION***

*(PLEASE PRINT)*

ADDRESS \_\_\_\_\_  
NUMBER & STREET NAME

LOCATION(S)  
ON PROPERTY \_\_\_\_\_  
SPECIFIC LOCATION OF CONTAINER ON PROPERTY (Driveway, front yard etc.)

INSTALLER \_\_\_\_\_  
RUBBISH COMPANY NAME  
\_\_\_\_\_  
RUBBISH COMPANY ADDRESS

DELIVERY DATE \_\_\_\_\_ TEMPORARY \_\_\_\_\_ PERMANENT \_\_\_\_\_

PERMIT HOLDER \_\_\_\_\_  
NAME

RESPONSIBLE PERSON (IF BUSINESS) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

PHONE (\_\_\_\_\_) \_\_\_\_\_

Please fill out this form completely and bring to the Fire Prevention Office, 25 Meade St. with a check or money order (no cash or credit card) for \$25.00 plus \$10.00 for each additional dumpster at the same address made payable to "CITY OF WORCESTER".

**OFFICE USE ONLY:**

Check if Paid:  Check Receipt #: \_\_\_\_\_  
Notes: \_\_\_\_\_