

CITY OF TOMAH DEPARTMENT OF PUBLIC WORKS

Office (608) 374-7431

Fax # (608) 374-7444

Dumpster Permit Application

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Location of encroachment: _____
(Address of adjacent tax parcel)

Tax parcel identification number: _____

Area to be occupied: Street Blvd Sidewalk Alley

Brief description of encroachment: Dumpster ☐ Other(describe below)☐

(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: _____ Permit Expiration Date: _____

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works. The permit fee is \$35 and is non-refundable. It is the responsibility of the applicant to monitor local forecasts and plan project timelines accordingly prior to fee submission.

Applicant signature _____ Date _____

Permit Issued By _____ Date: _____

For office use only