



CITY OF TWIN OAKS

1393 Big Bend Road, Suite F • Twin Oaks, MO 63021
(636) 225-7873 • fax (636) 225-6547 • www.villageoftwinoaks.org

TEMPORARY STORAGE OR DISPOSAL CONTAINER PERMIT APPLICATION FORM

DATE: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE NUMBER: _____

ADDRESS AND LOCATION WHERE CONTAINER WILL BE PLACED: _____

SIZE AND TYPE OF CONTAINER: _____

CONTAINER COMPANY: _____

CONTAINER COMPANY ADDRESS: _____

CONTAINER COMPANY PHONE NUMBER: _____

WILL CONTAINER BE LOCATED ON PRIVATE PROPERTY AT SITE OF CONSTRUCTION OR DEMOLITION? (Please check only one) YES NO

DATE CONTAINER IS PROPOSED TO BE REMOVED : _____

SIGNATURE OF APPLICANT: _____

APPROVED BY: _____, City Administrator/Clerk

Date: _____

The repair of any damage to pavement or curbing resulting from placing, using or removing the container shall be the responsibility of the applicant and shall be performed to the satisfaction of the City.

*****FOR OFFICE USE ONLY*****

Amount Paid _____ Cash/Check # _____ Date Received _____