

**CITY OF FORT MADISON, IOWA  
DUMPSTER PERMIT**

Date of Placement: \_\_\_\_\_

Length of Permit: \_\_\_\_\_

Dumpster Location Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

**DUMPSTER PERMIT REQUIREMENTS**

1. No dumpsters shall be placed upon city sidewalks or curbs.
2. All dumpsters shall be placed on level ground.
3. No dumpster shall be placed and allowed to remain standing upon any public property or thoroughfare, without the owner of said dumpster first obtaining a permit from the Public Works Department which indicates the date the permit is valid for.
4. All dumpsters shall display a red light or reflective devise which allows the dumpster to be plainly visible from a distance of 200 feet in all directions and shall **not** be parked within 25 feet of any street intersection.
5. If it is determined by the Chief of Police or the Public Works Director that the dumpster is creating a traffic hazard, the dumpster will be required to be relocated to a new spot within 24 hours of receiving notification.
6. This dumpster permit does not pertain to businesses with a regularly scheduled trash collection.
7. If the undersigned applicant fails to adhere to the requirements of this permit, they shall be in violation and be expected to pay double the permit fee.
8. Permit Fee: \$20.00 per week

**I have read the above permit requirements and agree to the terms and conditions.**

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**Signature of Applicant**

**Date**

Please Diagram Location of Dumpster/Equipment below:


**Public Works**  
Comments/Suggestions:

Approved By: \_\_\_\_\_

**For Office Use Only:**

Permit Fee: \_\_\_\_\_ Paid On: \_\_\_\_\_ Method of Payment:  Cash  Check  CC Receipt No.: \_\_\_\_\_