

TOWN OF DICKINSON – DUMPING PERMIT APPLICATION



Code Enforcement: 153 Old Front Street Binghamton, NY 13905 Phone: 607-723-9401 Email: kdoyle@townofdickinson.com

Permit Number _____

Permit term: 6 months _____

APPLICATION IS HEREBY MADE FOR PERMISSION

Extension _____

Location: _____

House number

Street

City/Town

OWNER _____ **Phone #** _____

ADDRESS _____

CONTRACTOR: _____

Permit Fee \$ _____

NUMBER OF TRUCKS _____

SILT FENCE IS REQUIRED IF MORE THAN ONE ACRE

ALL WORK SHALL BE DONE IN ACCORDANCE WITH ALL THE APPLICABLE LAWS AND REGULATIONS AND IN ACCORDANCE WITH THE PLANS SUBMITTED HEREWITH.

Applicants Signature: _____

OFFICE USE

PERMIT IS: GRANTED

DENIED

_____ Date

_____ Code Enforcement Officer

ADDITIONAL REMARKS:

SIGNATURE _____