



DUMPSTERS/PODS/STORAGE CONTAINERS PERMIT APPLICATION

City of Manchester, 14318 Manchester Rd., Manchester, MO 63011 Phone: (636) 227 1385

PLEASE PRINT

Location Address			
Property Owner			
Phone		EMAIL/ FAX	
Applicant Name (If not Property Owner)			
Company Name			
Phone		EMAIL/ FAX	

A permit is not required for dumpsters, PODS, storage containers or similar units that are stored in the driveway for four (4) days or less provided prior notice is given to the Planning & Zoning Department.

Email: pandz@manchestermo.gov Phone: (636) 227-1385 ext. 118 Fax: (636) 821-8099

Any unit that is placed in the street or roadway MUST obtain a permit prior to delivery and placement of the unit. A permit for a unit in a roadway is subject to City staff approval and will be reviewed to ensure that its placement does not cause a major traffic hazard. All units in the roadway must have adequate traffic control devices, including but not limited to, a Type 3 barricade or traffic cones with reflective tape.

REMINDER: Activities related to the use of dumpsters, PODS, storage containers or similar units shall be limited to the hours of 7am to 8pm Monday thru Saturday and 9am to 8pm on Sunday.

Type of Container (Check one)	<input type="checkbox"/> Dumpster <input type="checkbox"/> PODs <input type="checkbox"/> Storage Container <input type="checkbox"/> Other _____					
POD / STORAGE CONTAINER Dimensions <i>Cannot exceed 16'x8'x8'</i>	LENGTH		WIDTH		HEIGHT	
Size of Dumpster (Check one)	<input type="checkbox"/> 20 yd <input type="checkbox"/> 30 yd <input type="checkbox"/> 40 yd <input type="checkbox"/> Other _____					
Container Placement (check one)	<input type="checkbox"/> On Street <input type="checkbox"/> Driveway					
Starting Date & Fees <u>If in DRIVEWAY</u> <i>Not to exceed 3 permits per yr.</i>	\$29 1 st Permit 30 days	<u>Start Date</u>	\$49 2 nd Permit 30 days	<u>Start Date</u>	\$79 3 rd Permit 30 days	<u>Start Date</u>
	\$29 1 st Permit 2 wks	<u>Start Date</u>	\$49 2 nd Permit 2 wks	<u>Start Date</u>	\$79 3 rd Permit 2 wks	<u>Start Date</u>
Starting Date & Fees <u>If on STREET</u> <i>Not to exceed 3 permits per yr.</i>						

I hereby certify that the above information is correct and that I will conform to all applicable laws of the City of Manchester.

Owner/Contractor _____ Date _____

OFFICE USE ONLY BELOW

Unit Must Be Removed By: _____ City of Manchester Permit # _____

Approved By _____ Date _____
Director, Planning and Zoning and Economic Development

Dumpster/POD/Storage Fees Fee paid on _____ Amount: \$ _____