



Town of Abington

OFFICE OF

BOARD OF HEALTH

500 GLINIEWICZ WAY

ABINGTON, MA 02351

TEL.: (781) 982-2119 · FAX: (781) 982-2127

www.abingtonma.gov

APPLICATION FOR DUMPSTER PERMIT

Fee Due: \$25.00 per dumpster

Fee waived for temporary dumpsters if in use 30 days or less

Fee waived for emergency exemption

Checks due upon receipt of application. Checks payable to:

Town of Abington
500 Gliniewicz Way
Abington, MA 02351
Questions: (781) 982-2119

Application is hereby made for a permit to maintain a dumpster(s) on property located at:

in accordance with the rules and regulations of the Board of Health.

Check use:

Residential Commercial 30 Day Temporary Annual

Emergency Exemption

Purpose for use: _____

Applicant: _____

Property Owner: _____

Name of Contact: _____

Owner's Address: _____

Address: _____

Owner's Phone #: _____

Dumpster Company: _____

Telephone #: _____

Telephone #: _____

Drop-Off Date: _____

Pick-Up Date: _____

Emergency Response Person

Name: _____

Telephone #: _____

On the back of this form, please sketch an outline of property showing the proposed location of the dumpster(s). Give distance from dumpster to other buildings and lot lines or boundaries.

*Please note that all contact information and the associated fee is required upon application submittal.

**I certify that I have received, read and understand the Town of Abington Board of Health
Dumpster Regulations.**

Signature of Applicant: _____ Date: _____