



# City of Saratoga Springs Dumpster / ROW Use Permit Application

Please fill out & return with permit fee to:  
**Code Administration**  
474 Broadway 2<sup>nd</sup> Floor  
Saratoga Springs NY 12866  
Or fax to 518-587-3282

Applicant's Name \_\_\_\_\_

Applicant's Phone # \_\_\_\_\_ Applicant's Emergency Phone # \_\_\_\_\_  
Applicant's Return fax #: \_\_\_\_\_ Applicant's Email \_\_\_\_\_

**Fill this section out for Dumpster / Storage Container**

Dumpster / Storage container on private property?       Dumpster / Storage container in City Right of Way   
**If yes must complete Right of Way Use Section Below**

Time period : Annual  \$100.00 (renewed annually)      3 Months or more  \$ 5.00 per month      3 Months or less  No Charge

Placement Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Removal Date \_\_\_\_/\_\_\_\_/\_\_\_\_      **Total Fees Due:** \_\_\_\_\_

Number of Dumpster / Storage container \_\_\_\_\_ Dumpster / Storage container contents \_\_\_\_\_

Placement Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Supplying Container: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Fill this section out for Right of Way Use Permit**

Material or Equipment placed in the Right of Way? \_\_\_\_\_

Type of Work being done: \_\_\_\_\_ Building Permit: Yes \_\_\_\_\_ # \_\_\_\_\_ No \_\_\_\_\_

**Check boxes that apply**

Will sidewalk be blocked? :      Yes       No   
Will area of road used for parking vehicles be used?      Yes       No       Number of parking areas requested? \_\_\_\_\_  
Will area of road used for driving vehicles be used?      Yes       No       One Lane       Two Lanes   
Will the entire road need to be blocked ?      Yes       No

Placement Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Removal Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit Fees:     1 – 7 Days \$50.00     8 – 30 Days \$100.00     Each additional day over 30 days \$5.00 per day

**Total Fees Due:** \_\_\_\_\_

Placement Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Equipment Owners Name: \_\_\_\_\_ Equipment Owners Phone #: \_\_\_\_\_

Safety Equipment Required: \_\_\_\_\_

Approved by CEO: \_\_\_\_\_ Date: \_\_\_\_\_