



# CITY OF COLLEGE PARK

## PUBLIC SERVICES DEPARTMENT

**DUMPSTER OR STORAGE POD APPLICATION**  
 7401 BALTIMORE AVENUE SUITE 201 COLLEGE PARK, MD 20740  
 PUBLICSERVICES@COLLEGE PARKMD.GOV  
 TELEPHONE: 240.487.3570  
 FAX: 301.220.1172  
 WWW.COLLEGE PARKMD.GOV

**§ 141-3 B** -- No dumpster or other receptacle for the storage or transport of construction or other debris, or for the storage of household or other items, greater in size than three cubic yards, shall be placed on residential property without a permit issued by the City. Permits shall expire not later than 30 days after issuance and shall be subject to such further conditions as the City Manager may require. A permit may be extended for up to an additional 60 days in any twelve-month period by the Director of Public Services, and thereafter by the City Manager for up to an additional 90 days in the same period upon good cause shown. Any further extension within the same period may be authorized only by the Mayor and City Council upon a showing of exceptional circumstance.

<b>Residential</b>	<input type="checkbox"/> Trash Dumpster <input type="checkbox"/> Storage Pod
<b>Commercial</b>	<i>Prince George's County Temporary Use and Occupancy Permit is Required for Storage Units</i>
<b>Work Site Address</b>	_____, College Park, MD 20740
<b>Project Description*</b>	<input type="checkbox"/> Remove Debris <input type="checkbox"/> Store Household Items <input type="checkbox"/> Other _____

*\*Historic Work Area Permits are required for any renovations to properties in the designated [Historic District](#).*

**Occupant** \_\_\_\_\_  Tenant     Owner

**Property Owner(s)** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Company Delivering Unit** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\* **APPLICANT DO NOT WRITE BELOW THIS LINE** \*\*\*\*\*

Application Fee     \$25.00    Application No. \_\_\_\_\_    Intake By \_\_\_\_\_

**PLANNING REVIEW NOT REQUIRED**

<u>Department</u>	<u>By</u>	<u>Date</u>	<u>Approved</u>	<u>Denied</u>	<u>Not Required</u>
Public Services	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City Manager	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____			
Comments	_____				

Permit No. \_\_\_\_\_    Date Issued: \_\_\_\_\_