



CONSTRUCTION AND DEMOLITION HAULER APPLICATION

DEPARTMENT OF PUBLIC SERVICES

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PLEASE PRINT OR TYPE USING BLACK INK

APPLICATION DATE

COMPANY NAME

COMPANY MAIN PHONE #

FAX #

COMPANY ADDRESS

CITY

STATE

ZIP

(MAILING ADDRESS IF DIFFERENT FROM ABOVE)

EMERGENCY/OFF HOURS PHONE NUMBER#

APPLICANT'S NAME

OFFICE PHONE #

CELL PHONE #

EMAIL ADDRESS:

POSITION WITH COMPANY:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE

OFFICE USE ONLY

APPLICATION RECEIVED BY _____ APPLICATION REVIEWED BY _____ APPLICATION APPROVED YES ☐ NO ☐

DATE

PERMIT NUMBER