



**COMPACTOR/ROLL-OFF/CARDBOARD RECYCLING PERMIT APPLICATION**

Application for the period of October 1, 2009 through September 30, 2010.

*PLEASE LEGIBLY PRINT ALL INFORMATION*

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location(s) of Compactor and/or Roll-Off Container(s) within City of Oakland Park:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby make application for the following permit(s) within the City of Oakland Park:

<u>TYPE OF PERMIT</u>	<u>ANNUAL FEES</u>	<u>APPLICATION FOR:</u>
COMPACTOR CONTAINER	\$2,500.00	\$ _____
ROLL-OFF CONTAINER	\$2,500.00	\$ _____
CARDBOARD RECYCLING	\$ 500.00	\$ _____
COMBINATION PERMIT	\$5,500.00	\$ _____
TOTAL AMOUNT DUE		\$ _____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE BUILDING & PERMITTING DIVISION

***DO NOT WRITE BELOW THIS LINE***

Permit #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Permit Fee Paid: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

\_\_\_\_\_  
Permit Application Approval

\_\_\_\_\_  
Date

**SOLID WASTE CONTRACTOR COLLECTION MONTHLY REPORTING FORM**

Due by the 20<sup>th</sup> day of the following month

*PLEASE LEGIBLY PRINT ALL INFORMATION AND ATTACH ALL SUPPORT DOCUMENTATION*

Reporting Month and Year: \_\_\_\_\_

Permittee Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**MONTHLY COLLECTION CAPACITY**

Compactor Container Service Collection Capacity: \_\_\_\_\_ CUBIC YARDS

Roll-off Container Service Collection Capacity: \_\_\_\_\_ CUBIC YARDS

Cardboard Recycling Service Collection Capacity: \_\_\_\_\_ CUBIC YARDS

**TOTAL OF COMPACTOR AND ROLL-OFF COLLECTION CAPACITY:**

\_\_\_\_\_ CUBIC YARDS

*\$.50 USAGE FEE PER CUBIC YARD OF COMPACTOR AND ROLL-OFF SERVICE COLLECTION CAPACITY*

**TOTAL AMOUNT DUE TO CITY**      \$ \_\_\_\_\_

*I, the undersigned, hereby certify that the above information is true and correct and that I am authorized by the company to certify this monthly report and all customer detail documents to support this monthly statement.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**MAIL FORM & PAYMENTS TO:**

City of Oakland Park  
5399 N. Dixie Highway, Suite 3  
Oakland Park, Florida 33334