City of Petersburg Zoning Office Permit Application For Roll-Off Dumpster

Date:
Property Owner:
Address:
Phone Number:
Location - Roll-Off will be parked:
Start Date: End Date:
Company that owns the Roll-Off:
Address:
Phone Number:
Onsite Contact Name:
Onsite Contact Cell#:
Street Dept. Notified: Date:
Cones, barricades, or other equipment needed:
Zoning Administrator Approval:
Date Approved:
Permit #: