

**TOWN OF KEARNY  
DEPARTMENT OF PUBLIC WORKS  
357 BERGEN AVENUE  
KEARNY, NEW JERSEY 07032**

**APPLICATION FOR CONTAINER PERMIT**

**DATE:** \_\_\_\_\_

**APPLICANTS NAME:** \_\_\_\_\_

**APPLICANTS ADDRESS:** \_\_\_\_\_

**APPLICANTS PHONE #:** \_\_\_\_\_

**ADDRESS WHERE CONTAINER IS TO BE PLACED:**

\_\_\_\_\_

**CONTAINER TO BE USED FOR:** \_\_\_\_\_

**CONTAINER COMPANY'S NAME:** \_\_\_\_\_

**CONTAINER COMPANY'S PHONE #:** \_\_\_\_\_

**DATE CONTAINER IS TO BE PLACED ON STREET:** \_\_\_\_\_

**PERMIT #:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_