

BOROUGH OF LEHIGHTON

Temporary Parking Permit

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Permit No.					
I. Type of Permit Requested:					
Tractor Trailer Tra	ailer	Boat	Boat Tra	ler	
Motor home Bus	s	Box Truck	Other		
Service Type Van > 20,000 lbs					
Location:		Date:	To	:	
In a	accordance with Ordin	ances 213-3	31 and 213-32		
II. Contact information					
Property Owner:	Email:				
Mailing Address:	City	y:		State:	Zip:
Phone:	Phone:			Fax:	
III. Container Company Informati	on				
Company Name:	Phone:				
Address:					
Email:	Fax:				
III. Dumpster Permit for office (use only				
☐ Requested 5 days prior to deliv		ded	□ \$40 Fee received		
Length of time at location (not to exce					
Date:	To:				
	In accordance with	Ordinance	213-81		
Signature:			Date:		
	OFFICE U	JSE ONLY			
Approval of Public Works Supervisor:			Date:		

Approval of Police Chief: _____ Date: _____