



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

Application for the period of October 1, 20\_\_\_\_ through September 30, 20\_\_\_\_

*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

*\$1.50 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  
Building & Permitting Services Division  
5399 N. Dixie Highway Suite #3  
Oakland Park, Florida 33334