



City of Kenosha
 Department of Neighborhood Services and Inspections
 625 52nd Street, Room 100, Kenosha, WI 53140
 Phone: 262.653.4263, Fax: 262.653.4254

Office Use Only:

**APPLICATION FOR
 TRASH RECEPTACLE ENCLOSURE**

This document must be legible or will be returned.

Note: You will be notified when your permit is ready; please do not submit payment with permit application.

Project Address _____

The property is commercial: Yes No
 If yes, approval by the Dept. of City Development is required.

City Development Authorization _____

Owner _____

Contractor _____

Mailing Address _____

Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone (____) _____

Phone (____) _____

Owner's
 e-mail address _____

Contractor's
 e-mail address _____

Estimated Cost _____

Materials _____

Dimensions: _____ x _____

Height _____

*Enclosure shall be installed in accordance with Conditional Use Permit requirements if applicable.

A site plan or plat map (size 8 1/2" x 11" or 11" x 17") is required denoting the location of the dumpster installation.

Note: All fencing shall be installed with the finished side facing the adjacent property or public right-of-way.

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Applicant Signature: _____

DESCRIPTION	PRICE PER UNIT	QUANTITY
Trash Receptacle	\$ 50.00 Ea.	_____