

**IMPERIAL COUNTY
DEPARTMENT OF PUBLIC WORKS
155 SOUTH 11TH STREET
EL CENTRO, CA 92243**

**APPLICATION FOR SOLID WASTE DISPOSAL PERMIT
(442) 265-1818
(442) 265-1858 FAX NO.**

DATE _____ ASSESSOR'S PARCEL # _____ OWN _____ RENT _____

PERMIT NAME _____

HOME ADDRESS _____ MAILING ADDRESS _____

CITY _____ CITY _____

DRIVER'S LIC # _____

HOME PHONE _____ FAX _____ BUSINESS PHONE _____

The undersigned hereby applies for permission to dispose of solid waste as follows:

<u>TYPE</u>	<u>SOURCE</u>
Demolition Waste	_____
Refuse	_____
Clean Fill Rubble	_____
Other (Please Specify)	_____

The following hauling vehicles and trailers will be used. Use one line for each piece of equipment to be used. Trailer length is measured from the hitch to the tail of the trailer.

<u>TYPE</u>	<u>VEH. TON / TRAILER FT</u>	<u>LICENSE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List additional vehicles on reverse side.

Desired Landfill Sites: _____

The undersigned (permittee) agrees to do the work in accordance with County rules and regulations. **INITIAL** _____

NO CHARGE FOR HOUSEHOLD WASTE, TREE TRIMMINGS OR GRASS CLIPPINGS. ALL OTHER ITEMS WILL BE CHARGED. INITIAL. _____

Signature: _____