

City of Sugar Creek

1001 Heroes Way – Sugar Creek, Missouri 64054 Phone: (816) 252-7058, Fax: (816) 461-3493

APPLICATION FOR ROLL OFF CONTAINER PERMIT



DO NOT WRITE IN THIS SPACE	
Received by:	
Date Application Received:	
Permit #:	
Approval Date:	
Expiration Date: (7 days from placement of container)	
Extension Date (if applicable):	

Address of Subject Property: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Home Telephone: _____ Applicant's Business Telephone: _____

Property Owner: _____

Owners Address: _____

Owners Home Telephone: _____ Owners Business Telephone: _____

Type of work requiring use of roll off container: _____

Notes: _____

Signature of Applicant

Chief of Police

Printed Name

Date

Upon Receipt of the Signatures of the Applicant and the Chief of Police, this application shall become the Roll Off Container Permit.