

City of Rockford, Illinois

Community & Economic Development Department
Construction and Development Services
425 East State Street, Rockford, IL 61104
Phone: (779) 389-7163 Fax: (815) 967-4243
Web Site: rockfordil.gov



DUMPSTER ENCLOSURE WAIVER REQUEST FORM

1. Date of application: _____
2. Address of dumpster location: _____
3. Property Code Number of subject property: _____
4. Name of property owner: _____ Phone: _____

 (Address) (City) (State) (Zip)
5. Name of applicant: _____ Phone: _____

 (Address) (City) (State) (Zip)
6. Please attach a site plan of the property showing the location of all structures, parking, landscaping and dumpster location.
7. Please attach a detailed narrative demonstrating why the property is eligible for a waiver of the dumpster enclosure requirements. Specifically state how the waiver criteria is satisfied.

THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND CORRECT.

Signature of applicant: _____ Date: _____

Signature of property owner: _____ Date: _____

FOR OFFICE USE ONLY

Zoning District: _____ Zoning Clearance No.: _____

Inspection of site by: _____ Date: _____

Staff Comments: _____

Waiver request granted: Yes No Condition of waiver: _____

Waiver granted by: _____ Date: _____