



**Boston Inspectional Service Environmental Services Division**

**SITE CLEANLINESS APPLICATION**

**Business Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**OWNER CONTACT INFORMATION**

**Owners Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**PROPERTY & DISPOSAL INFORMATION:**

**DPW Approval:**  Yes  No

Type of Property/Lot:	Location of Receptacle:
<input type="checkbox"/> Auto Sale or Repair	<input type="checkbox"/> Front <input type="checkbox"/> Inside Storage
<input type="checkbox"/> Food/Beverage	<input type="checkbox"/> Rear <input type="checkbox"/> Curbside Pickup
<input type="checkbox"/> Other Commercial Use	<input type="checkbox"/> Left
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Right
<input type="checkbox"/> Other use ( <i>please explain</i> )	<input type="checkbox"/> Other use ( <i>please explain</i> )
_____	_____
_____	_____

**Name of Company:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Please Attach a Copy of Your Disposal Agreement**

**Trash Pickup Schedule:** Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

**Cleaning Schedule:** Number of Days:  Time:

**Person Responsible for Cleaning:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SITE PLAN OFFICIAL USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<b>Commissioner/Designee Signature:</b> _____	<b>Date:</b> _____