

- New
- Renewal
- Temporary



City of Norfolk

BULK REFUSE CONTAINER APPLICATION/PERMIT

In accordance with Sec. 41-13 of the Code of Norfolk, Virginia.

Make Payments out to =>

Norfolk Department of Public Health
 830 Southampton Ave
 Norfolk, VA 23510
 Ph: (757) 683-2712 Fax: (757) 683-2394

Business Name: _____

Billing Name.... : _____

Local Onsite Manager Or
 Company Representative _____ **Phone:** _____

Business Ph:() _____ **Fax:()** _____ **EMail:** _____

Billing Address: _____ **Suite/Apt/Unit:** _____

City: _____ **State:** _____ **Zip Code:** _____

Container Address: _____ **Zip Code:** _____

Type of Service: Temporary Annual

Container Company Name: _____ **Container Size:** _____

Type Establishment: Food Related Residential (# of units served: _____)

Industrial Construction Site Commerical Other

1. I agree to conform to the ordinances governing the use of bulk containers and will permit such inspections and examinations as may be deemed necessary by the Director of Public Health. Copies of codes are available upon request.
2. I agree to notify the Bureau of Environmental Health Services immediately of any changes in management, services or when the applicant ceases to be responsible for the bulk container.
3. I understand that this permit is valid only for the location for which it was issued and is not transferrable from one location to another; nor from one owner to another.

Note: It is recommended that the bulk container site plans be reviewed prior to construction.

Applicant's Signature: _____ **Date:** ___/___/___

Print Name: _____ **Title:** _____

Health Department Use Only

Permit Number: _____ **Issue Date:** ___/___/___ **Exp Date:** ___/___/___ **PD:** ___ **Ecode:** _____

Rec't Date: ___/___/___ **Invoice No.** _____ **Check No.** _____ **Rec'd By:** _____

Exempt: **Site Inspection By:** _____ **Date:** ___/___/___

Approved By.....: _____ **Date:** ___/___/___