



Township of Maplewood

Municipal Building, 574 Valley Street
Maplewood, New Jersey 07040-2691
Telephone (973) 762-8120
Fax: (973) 762-1934

Elizabeth J. Fritzen, RMC, CMC, CMR
Township Clerk

DUMPSTER PERMIT/SIDEWALK ENCROACHMENT IN ACCORDANCE WITH CHAPTER #239-19 OF THE MUNICIPAL CODE

TODAY'S DATE _____

HOMEOWNER'S NAME: _____

ADDRESS: _____

HOMEOWNER'S TELEPHONE#: _____

NAME OF CONTRACTOR: _____

CONTRACTOR'S TELEPHONE#: _____

DATES FOR DUMPSTER

(Maximum 7 days): From: _____ To: _____

FEE: \$50.00 for each 7 day period

****plus a Certificate of Insurance naming the Township of Maplewood as an additional insured in an amount not less than \$300,00.00***

It is particularly noted that said Dumpster must be used for the disposal of construction materials only and no garbage whatsoever may be disposed of in the Dumpster. The container must be lighted at night with appropriate warning signals and cordoned off during daylight hours. These items will be monitored by the Police Department.

Contractor or Homeowner Signature:

Elizabeth J. Fritzen, Township Clerk

EJF: mg
cc: Police Dept.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Table with columns: PRODUCER, CONTACT NAME, PHONE, FAX, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, and INSURED.

COVERAGES CERTIFICATE NUMBER REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WRD, POLICY NUMBER, POLICY EFF, POLICY EXP, and LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)

Table with columns: CERTIFICATE HOLDER (Township of Maplewood, 574 Valley St, NJ 07040) and CANCELLATION (Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions).