



Boston Inspectional Services, Environmental Services Division

1010 Massachusetts Avenue, 4th Floor, Boston, MA 02118
Telephone: 617-961-3422; Email: ISD@cityofboston.gov

SITE CLEANLINESS APPLICATION

BUSINESS CONTACT INFORMATION:

Business Name: _____ Phone Number: _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

OWNER CONTACT INFORMATION:

Owner Name: _____ Phone Number: _____

Owner Address: _____ City: _____ State: _____ Zip Code: _____

PROPERTY & DISPOSAL INFORMATION:

Type of Property/Lot:

- Auto Sale or Repair
 Food/Beverage
 Other Commercial Use
 Residential Use
 Other Use (if Other, please explain):

Location of Receptacle:

- Front
 Rear
 Left
 Right
 Other
 Inside Storage
 Curbside Pickup

DPW Approval: ___ Yes ___ No

Name of Disposal Company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Please enclose a copy of your disposal agreement.

Trash Pickup Schedule:

Number of Days: Mon Tues Wed Thurs Fri Sat Sun

Cleaning Schedule:

Number of Days: Time:

Person Responsible for Cleaning: _____

Applicant Signature: _____

SITE PLAN OFFICIAL USE ONLY

- | | | |
|-----------------------------------|--|-------------|
| <input type="checkbox"/> Approved | Commissioner/Designee Signature: _____ | Date: _____ |
| <input type="checkbox"/> Denied | Commissioner/Designee Signature: _____ | Date: _____ |