



Boston Inspectional Services, Environmental Services Division

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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

Approved Commissioner/Designee Signature: _____ Date: _____
 Denied Commissioner/Designee Signature: _____ Date: _____