



# Town of Uxbridge Fire Department

Steven R. Tancrell, *Deputy Fire Chief*

Rubbish container permit. 527CMR 1. (document--Aug 2014, Sept 2015, April 2018, March 2020)

527CMR 1 ch 19 The owner, lessee or refuse generator of any premises shall obtain a permit from the head of the Fire Department for rubbish containers, which are emptied by mechanical assistance, of six cubic yards or more in the aggregate of compacted or uncompacted combustible rubbish. Permits shall state the container location(s) and the name and telephone number of the company or person who can be reached in an emergency. No permit shall be required for containers which are delivered to a location and removed in the course of a single business day.

Address \_\_\_\_\_ No dwelling units \_\_\_\_\_

Owner of property \_\_\_\_\_ Phone \_\_\_\_\_

Reason ☐ roof ☐ renovation ☐ addition ☐ new construction ☐ permanent site refuse  
☐ other \_\_\_\_\_

--containers will not be placed at any location as to become an obstacle to the egress of persons from buildings or to vehicle traffic or as to obstruct operations of the Fire Department personnel during a fire or other emergency.

--containers will be marked with the name and telephone number of the company to notify in case of emergency.

--tops of containers will not be within 10 feet vertically or horizontally below any window or other opening, or within 10 feet of a combustible building or combustible roof eave lines.

--containers shall have access to their interior for fire extinguishment, without moving or removing from a compactor unit. A minimum 2 inch port opening labeled "fire hose port", or removable cover is acceptable.

I understand that by signing below, I am responsible for compliance of 527CMR 1 at this location.

\_\_\_\_\_  
 (Name of applicant)

\_\_\_\_\_  
 (Signature)

Phone number \_\_\_\_\_ Firm or Corporation \_\_\_\_\_

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Fee paid \_\_\_\_\_ Check # \_\_\_\_\_

Issued by \_\_\_\_\_ Signature \_\_\_\_\_

Start date \_\_\_\_\_ Expiration date \_\_\_\_\_

Restrictions \_\_\_\_\_

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