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|  | CITY OF JOHNSTOWN  Office of the City Clerk  PO Box 160, 33-41 East Main Street  Johnstown, New York 12095  (518) 736-4011 | **- OFFICE USE ONLY -** |
| Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Permit #: \_\_\_\_\_\_\_\_\_\_\_, 2024 Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

LANDFILL PERMIT APPLICATION

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| PERMIT TYPE - **Permits are valid January 1st - December 31st, 2024** |
| 2024 Landfill Permit - $35.00 fee per vehicle  Replacement for lost/damaged permit or transfer to new vehicle - $5.00 fee per replacement  After September 30th - $20.00 fee per vehicle  Check / money order should be made payable to the “***City of Johnstown”*** |

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| APPLICANT – City of Johnstown residents only. NO business owners, NO landlords. |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Johnstown, New York  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| VEHICLE - ALL INFORMATION MUST BE PROVIDED |
| Year: \_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plate #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

APPLICANT CERTIFICATION

By signing this application I hereby certify that I am a City of Johnstown resident and I am only disposing of personal waste generated from my primary, personal residence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated: 11/17/2023