



830 Southampton Ave Norfolk, VA 23510 Phone: 757-683-2712 | Fax: 757-683-2394

Email: NorfolkEH@vdh.virginia.gov | www.norfolk.gov/5317/Bulk-Container-Program

Bulk Container Permit Application

Instructions

Application: submit to Environmental Health via email, mail, fax, or in-person. We are unable to process incomplete applications.

\$50 payment: submit check or money order to Environmental Health by mail or in-person. Make payable to *Norfolk Department of Public Health* and include establishment name in "for/memo" section. You may pay by credit card over the phone.

Application Type							
Select One Category: New (site plan and \$25 fee required, Template Attached)			□ Permit Renewal				
☐ Temporary Bulk Container Permit			☐ Change -of-Ownership				
Bulk Container Location Information							
Facility Name:							
Container Street Addre	ontainer Street Address:		City: <u>Norfolk State: VA</u> Zip:				
Container Company Na	me:	Phone:	Fax:				
Email:	ail: Container Size:						
		Property Owner Information					
☐ Individual Owner	☐ Corporation	☐ Partnership ☐ Other ((please specify):				
Corporation/LLC or Ow	ner Name:						
Street Address:		City:	State: Zip:				
Phone Number:		Email:					
	On-si	te Manger(s), District, or Regional C	ontacts				
Name:	Title:	Phone:	Email:				
		Phone:					

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Billing Information (If different from above)						
Name:						
Street Address:		City:	State:	Zip:		
Phone Number:		Email:				
TO PAY BY CREDIT	CARD PLEASE COMPLETE T	HE REQUIRED FIELDS, PLEA	ASE NOTE A RECEIPT V	VILL BE RETURNED		
☐ MASTERCARD CREDIT CARD NUMBER EXP DATE						
□ VISA	PRINT CARD HOLDER N	AME	3 DIGIT CODE ON BACK			
		Hours of Scheduled Pick-up				
Monday	□ a.m. □ p.m	Frequency of pick up	☐ Bi-weekly	□ weekly		
Tuesday	□ a.m. □ p.m.	Frequency of pick up	☐ Bi-weekly	□ weekly		
Wednesday	□ a.m. □ p.m.	Frequency of pick up	☐ Bi-weekly	□ weekly		
Thursday	☐ a.m. ☐ p.m.	Frequency of pick up	☐ Bi-weekly	□ weekly		
Friday	□ a.m. □ p.m.	Frequency of pick up	☐ Bi-weekly	□ weekly		
Saturday	□ a.m. □ p.m.	Frequency of pick up	☐ Bi-weekly	□ weekly		
Sunday	☐ a.m. ☐ p.m.	Frequency of pick up		□ weekly		
		Certification				
	attest to the accuracy of the info r 41-13 and 41-16 (Solid Wast	-				
	Bureau of Environmental Healt be responsible for the bulk cont		/ changes in managemer	nt, services or when the		
I understand that th another; nor from or	is permit is valid only for the loon owner to another.	cationfor which it was issued	and is not transferrable f	rom on location to		
Printed Name:		Title:	Phone	e:		
Signature:			Date:			
-	tion provided in this application m					
		OFFICE USE ONLY				
Receipt #:	PD:Perm	it Issue Date:	Expiration Date:			
Approved for Permi	t:		_Date:			

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BULK CONTAINER SITE						
In the space below please make an accurate sketch of the property for which a bulk container permit is requested. Be sure to include the following information: property lines and dimensions, easements, buildings (both on the property and on adjacent properties), street names and numbers, proposed bulk container location, and all distances between bulk container site and adjacent streets and buildings.						
Note: Bulk containers should be placed in accordance with section 41-9 (Bulk container regulations) of the Code of the City of Norfolk (revised 1985)						
For Health Department Use Only						
Comments:						

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