



**Anthony Copeland**  
Mayor

## Engineering Department

City of East Chicago, 4525 Indianapolis Blvd., East Chicago, Indiana 46312  
Telephone: (219) 391-8355; Fax: (219) 391-8401; Website: [www.eastchicago.com](http://www.eastchicago.com)

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# DUMPSTER APPLICATION

### Documentation Necessary:

- Photo ID
- A Release from Liability Form must be signed and notarized by applicant

### Procedure:

- A. Present all above information to the Engineering Department
- B. On-site inspection
- C. Application will be presented to Board of Public Works for approval

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### DEPARTMENTAL USE

Date Received: \_\_\_\_\_ Initials of Receiver: \_\_\_\_\_

Date of Application Approval: \_\_\_\_\_

Signature of Engineering Staff: \_\_\_\_\_

**City of East Chicago  
Board of Public Works Permit Application**

Permit  
Application  
Number:

Permit Type:  Utility  Driveway  Heavy Load  City  Other: DUMPSTER

Date:

Repair Type:

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**TO BE FILLED OUT BY THE ENGINEERING DEPARTMENT**

	<u>Yes</u>	<u>No</u>		
Indemnification Agreement	<input type="checkbox"/>	<input type="checkbox"/>		
Certificate of Insurance	<input type="checkbox"/>	<input type="checkbox"/>		
Bond Required	<input type="checkbox"/>	<input type="checkbox"/>	Bond Amount:	\$ _____
Special Hauling	<input type="checkbox"/>	<input type="checkbox"/>	Bonding Agent:	_____
Building Permit	<input type="checkbox"/>	<input type="checkbox"/>	Bond Number:	_____

**Pre-Inspection**

Inspected by:	Inspection Approved By:	Date:
<input style="width: 95%; height: 20px;" type="text" value="Engineering Dept."/>	_____	_____
<input style="width: 95%; height: 20px;" type="text"/>	_____	_____
<input style="width: 95%; height: 20px;" type="text"/>	_____	_____

**Approved Board of Public Works**

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Presiding Officer

\_\_\_\_\_  
Company or Home Owner

\_\_\_\_\_  
Date Issued:

\_\_\_\_\_  
Expiration Date:

**Follow-up Inspection**

Name:	Date:	Comments:
<input style="width: 95%; height: 20px;" type="text"/>	_____	_____
<input style="width: 95%; height: 20px;" type="text"/>	_____	_____
<input style="width: 95%; height: 20px;" type="text"/>	_____	_____

Date Completed: \_\_\_\_\_

Unacceptable  Completed

Permit Application Number:

**RELEASE FROM LIABILITY**

The City of East Chicago, Indiana (City) through its Board of Public Works and \_\_\_\_\_  
(Contractor/Owner) by \_\_\_\_\_ agrees as follows:

- 1.) The Contractor/Owner wishes permission from the City to permit \_\_\_\_\_ on the City Right-Of-Way at \_\_\_\_\_ in the City of East Chicago.
- 2.) The City grants permission as described above in Section 1 for \_\_\_\_\_ days and for related functions supervised by the Contractor/Owner.
- 3.) The Contractor/Owner agrees to hold the City harmless and indemnify the City for any loss, cost, claim, or expense arising out of the permitted use of the City Right-Of-Way causing property damage, injury, or death to any person or persons.
- 4.) The Contractor/Owner agrees to reimburse the City for all cost related to any claim or lawsuit the City incurs regarding any matter from the permitted use of the City Right-Of-Way under this agreement.
- 5.) The Contractor/Owner agrees not to interfere with any drainage, sewer or water pipe, city alarm or other city services, which is now or which may hereafter be located on or across said Right-Of-Way.
- 6.) The Contractor/Owner agrees not to mark or damage the City Right-Of-Way in any manner and assumes the full responsibility for the repair and full restoration of the City Right-Of-Way. The restoration of City Right-Of-Way back to original or better condition shall be done by the Company at its own expense.

All is agreed to this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_.

Sign: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

STATE OF INDIANA)  
  ) SS:  
COUNTY OF LAKE)

Before me, the undersigned, a notary public in and for said county and state, personally appeared \_\_\_\_\_ and acknowledge the execution of the foregoing this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires:

\_\_\_\_\_

(Notary Public)

A resident of Lake County